State Plan on Aging

Under The Older Americans Act for

Washington State

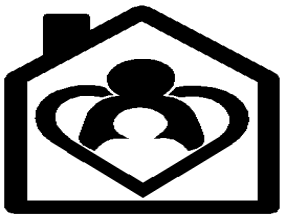
For the Four Year Period

October 2002 through September 30, 2006

Prepared and Published by the

Aging and Adult Services Administration

DSHS



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INTRODUCTION

This State Plan on Aging is submitted for the State of Washington for the period October 1, 2002 through September 30, 2006. The **Department of Social and Health Services** is the sole state agency designated to develop and administer the state plan. **Aging and Disability Services Administration** has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act. In that capacity, AASA has undertaken the development of this State Plan on Aging for the four-year period—October 1, 2002 through September 30, 2006. In the development of this plan, AASA has reviewed and taken into consideration the Area Plans on Aging submitted by the state's Area Agencies on Aging as required by the Older Americans Act. The Plan will be reviewed and will be approved by the State Council on Aging in public session. The State Council on Aging is the advisory council appointed by the Governor as required by the Older Americans Act.

The Aging and Adult Services Administration is organized into three divisions; **Home and Community Services Division, Residential Care Services Division, and Management Services Division**. The division having main responsibility for administration of the State Plan on Aging and Older Americans Act funds is the **Home and Community Services Division**

AASA has been involved in the continuing discussion in this state regarding the provision of long-term care services and the subsequent development of a long-term care system. For purposes of this discussion, "long-term care" has been defined as a coordinated continuum of diagnostic, therapeutic, rehabilitative, supportive and maintenance services which addresses the health, social and personal care needs of individuals with a chronic illness or disability which limits their capacity for self-care. Services are designed to facilitate the maximum potential for personal independence. Services are provided in the environment most appropriate for the individual's assessed need and may be delivered for a relatively long and indefinite period.

It is within the context of this discussion that we present this State Plan on Aging.

Note: Aging and Adult Services Administration has become **Aging and Disability Services Administration**. The plan may not reflect the change in name throughout the document.

VERIFICATION OF INTENT

This State Plan on Aging is submitted for the State of Washington for the period October 1, 2002 through September 30, 2006. The **Department of Social and Health Services** is the sole state agency designated to develop and administer the state plan. **Aging and Disability Services Administration** has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act. AASA is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e., the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly in the state.

This plan includes all assurances, plans, provisions, and specifications to be made or conducted by the **Aging and Disability Services Administration** under provisions of the Older Americans Act, as amended, during the period identified.

This Plan is approved for the Governor by his designee Kathy Leitch, Assistant Secretary, Aging and Disability Services Administration, Department of Social and Health Services, State of Washington, and constitutes authorization to proceed with activities under the Plan upon approval by the Commissioner on Aging.

The State Plan on Aging as submitted has been developed in accordance with all federal statutory and regulatory requirements.

As the AASA Strategic Plan is updated, AASA will provide the new objectives for the remaining two years of the State Plan.

_____ _____

(Date) (Signed)

ASSURANCES

Please Note: *That specific details are either given under the assurance, in the following notes, or in an exhibit attached to the plan.*

The State Agency makes the following assurances, understanding that it must be able to substantiate each one.

Overall Compliance with Requirements

The State Agency agrees to administer the program in accordance with the Act, the State Plan and all applicable regulations, policies and procedures established by the Assistant Secretary or the Secretary, including those state plan assurances contained in Sections 305 and 307 of the Act.

Listing of State Assurances

Older Americans Act, As Amended in 2000

The State of Washington as part of its state plan does make and reaffirm the following assurances from the Older Americans Act as Amended through the year 2000.

SEC. 305, ORGANIZATION

(1) The State agency has, except as provided in **Section 305(b)(5)**, designated for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area. **(Sec. 305(a)(2)(A))**

(2) The State agency does herewith provide assurances, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan. **(Sec. 305(a)(2)(B))**

(3) The State agency does herewith provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan. **(Sec. 305(a)(2)(E))**

(4) The State agency does herewith provide assurances that the State agency will require use of outreach efforts described in **section 307(a)(16)**. **(Sec. 305(a)(2)(F))**

(5) The State agency does herewith provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas. **(Sec. 305(a)(2)(G)(H))**

(6) In the case of a State specified in **Section 305(b)(5)**, the State agency and area

agencies will provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. **(Sec. 305(c)(5))** (Washington State is not a single planning and service area, this section does not apply.)

SEC. 306, AREA PLANS

In the area plans submitted by each area agency on aging the State of Washington will require that:

(1) Each area agency on aging shall provide assurances that an adequate proportion, as required under **Section 307(a)(2)**, of the amount allotted for **Title III, part B** to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services) (Washington State requires 15%, per the *P&P Manual,* Chapter 3, Section III);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction (Washington State requires 1%, per the *P&P Manual,* Chapter 3, Section III); and

(C) legal assistance (Washington State requires 11%, per the *P&P Manual,* Chapter 3, Section III);

and will also require assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.
(Sec. 306(a)(2))

(2) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. **(Sec. 306(a)(4)(A)(i))**

(3) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;

(B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and

(C) meet specific objectives established by the area agency on aging, for provid-

ing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.
(Sec. 306(a)(4)(ii))

(4) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall—

(A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(B) describe the methods used to satisfy the service needs of such minority older individuals; and

(C) provide information on the extent to which the area agency on aging met the objectives described in **Section 306(a)(4)(A)(i)**.
(Sec. 306(a)(4)(A)(iii))

(5) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on—

(A) older individuals residing in rural areas;

(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.
(Sec. 306(a)(4)(B))

(6) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. **(Sec. 306(a)(4)(C))**

(7) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities. **(Sec. 306(a)(5))**

(8) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program un-

der this title. **(Sec. 306(a)(9))**

(9) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under **title VI**; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans. **(Sec. 306(a)(11))**

(10) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. **(Sec. 306(a)(13)(A))**

(11) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency—

(A) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(B) the nature of such contract or such relationship. **(Sec. 306(a)(13)(B))**

(12) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. **(Sec. 306(a)(13)(C))**

(13) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. **(Sec. 306(a)(13)(D))**

(14) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals. **(Sec. 306(a)(13)(E))**

(15) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is

not carried out to implement this title.
(Sec. 306(a)(14))

(16) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. **(Sec. 306(a)(15))**

SEC. 307, STATE PLANS

The state of Washington makes the following assurances—

From **Sec. 307, STATE PLANS** but not required by the assurances provided starting with **(a)(1)** The plan shall, and hereby does—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and **(Sec. 307(a)(1)(A))**

(B) the state plan is then based on such area plans. **(Sec. 307(a)(1)(B))**

(2) This state plan provides that the State agency will— **(Sec. 307(a)(2))**

(A) evaluate, using uniform procedures described in section 202(a)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State; **(Sec. 307(a)(2)(A))**

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and **(Sec. 307(a)(2)(B))**

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306(b) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). **(Sec. 307(a)(2)(C))**

(3) The plan shall--

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and **(Sec. 307(a)(3)(A))**

(B) with respect to services for older individuals residing in rural areas— **(Sec. 307(a)(3)(B))**

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000; **(Sec. 307(a)(3)(B)(i))**

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(Sec. 307(a)(3)(B)(ii))

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies. **(Sec. 307(a)(3)(B)(iii))** (See Also Section 1 below)

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas. **(Sec. 307(a)(4))**

(5) The plan shall provide that the State agency will—**(Sec. 307(a)(5))**

(A) afford an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services; **(Sec. 307(a)(5)(A))**

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and **(Sec. 307(a)(5)(B))**

(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under 316. **(Sec. 307(a)(5)(C))**

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports. **(Sec. 307(a)(6))**

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—
(Sec. 307(a)(8))

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

The State of Washington makes the following assurances—

From **Sec. 307, STATE PLANS** as required starting with **(a)(1)—**

(1) The plan describes the methods used to meet the need for services to older persons residing in rural areas in the fiscal year preceding the first year to which this plan applies. The description is found on Exhibit 8 of this plan. **(Sec. 307(a)(3)(B)(iii))**
(See Section Above)

(2) The State will maintain and provide satisfactory fiscal control and fund accounting procedures as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract. **(Sec. 307(a)(7)(A))**

(3) The plan assures that—

(A) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(B) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(C) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act. **(Sec. 307(a)(7)(B))**

(4) The State agency or designated State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with **section 712 and this title**. The State will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under **title VII** for fiscal year 2000. **(Sec. 307(a) (9))**

(5) The special needs of older individuals residing in rural areas will be taken into consideration and this plan describes how those needs have been met and describe how funds have been allocated to meet those needs. **(Sec. 307(a)(10))**

(6) The plan assures that area agencies on aging will—

(A) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(B) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(C) will attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(Sec. 307(a)(11)(A))

(7) This plan assures that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services. **(Sec. 307(a)(11)(B))**

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals; **(Sec. 307(a)(11)(C))**

(8) This plan assures, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; **(Sec. 307(a)(11)(D))**

(9) This plan assures that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. **(Sec. 307(a)(11)(E))**

(10) The plan provides, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals,

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate. **(Sec. 307(a)(12)(A))**

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; **(Sec. 307(a)(12)(B))** and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the

release of such information, except that such information may be released to a law enforcement or public protective service agency. **(Sec. 307(a)(12)(C))**

(11) The state assures that personnel (one of whom shall be known as a legal assistance developer) will be assigned to provide State leadership in developing legal assistance programs for older individuals throughout the State.
(Sec. 307(a)(13))

(12) The plan assures that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under **section 306(a)(2)(A)**, the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.
(Sec. 307(a)(14))

(*15*) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State; and

(B) describe the methods used to satisfy the service needs of such minority older individuals. **(Sec. 307(a)(15))**

(13) The State agency requires outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on—

(A) older individuals residing in rural areas;

(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform

the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance.
(Sec. 307(a)(16))

(14) This plan provides, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities. **(Sec. 307(a)(17))**

(15) The State herewith provides assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to **section 306(a)(7)**, for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.
(Sec. 307(a)(18))

(16) This plan herewith provides the assurances and description required by **section 705(a)**. **(Sec. 307(a)(19))**

(17) The State provides assurances that special efforts will be made to provide technical assistance to minority providers of services. **(Sec. 307(a) (20))**

(18) This plan provides —

(A) assurance that the State agency will coordinate programs under this title and programs under **title VI**, if applicable; and

(B) assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.
(Sec. 307(a)(21))

(19) If case management services are offered to provide access to supportive services, this plan provides that the State agency shall ensure compliance with the requirements specified in **section 306(a)(8)**. **(Sec. 307(a)(22))**

(20) The State assures that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support

programs. **(Sec. 307(a)(23))**

(21) The State herewith provides assurances that it will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.
(Sec. 307(a)(24))

(22) This plan includes assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.
(Sec. 307(a)(25))

(23) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. **(307(a)(26))**

SEC. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(1) Pursuant to **subparagraph 308(b)(3)(A)** Washington state assures AoA that no amounts received by the State under this paragraph **(Sec. 308)** will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph. **(Sec. 308(b)(3)(E))**

SEC. 705. ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan herewith provides an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan herewith assures that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under **title VI,** and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan herewith provides an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan herewith provides an assurance that the State will place no restrictions, other than the requirements referred to in **clauses (i) through (iv)** of **section**

712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under **section 712(a)(5)**.

(6) The State plan herewith provides an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under **chapter 3**—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

SEC. 373. SUPPORT SERVICES FOR FAMILY CAREGIVERS

(1) Each area agency on aging, or entities that such area agencies on aging contract with, will provide multifaceted systems of support services—

(A) for family caregivers; and

(B) for grandparents or older individuals who are relative caregivers.

(2) The services provided, in a State program by an area agency on aging, shall include—

(A) information to caregivers about available services;

(B) assistance to caregivers in gaining access to the services;

(C) individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in making decisions and solving problems relating to their caregiving roles;

(D) respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and

(E) supplemental services, on a limited basis, to complement the care provided by caregivers.

(3) Population Served; Priority-

(A) Services shall be provided to family caregivers, and grandparents and older individuals who are relative caregivers, and who are—

(i) family caregivers; and

(ii) grandparents or older individuals who are relative caregivers.

(B) with regard to respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and supplemental services, on a limited basis, to complement the care provided by caregivers, in the case of a family caregiver providing care to an older individual in greatest social need

(C) The State shall give priority for services to older individuals with greatest social and economic need, (with particular attention to low-income older individuals) and older individuals providing care and support to persons with mental retardation and related developmental disabilities.

(4) Each area agency on aging shall coordinate the activities of the agency with the activities of other community agencies and voluntary organizations providing these types of services.

(5) The State shall establish standards and mechanisms designed to assure the quality of services provided with assistance made available under this subpart.

SEC. 374. MAINTENANCE OF EFFORT.

(1) Funds under this subpart (E) shall supplement, and not supplant, any Federal, State, or local funds expended by a State or unit of general-purpose local government to provide these services.

ADVISORY COUNCIL

The Washington State Council on Aging (SCOA) is established to serve as an advisory council to the Governor, the Secretary of DSHS and the office designated as the State Unit on Aging—Aging and Adult Services Administration. The Council is designated by the Governor to serve as the State Advisory Council to the State Unit on Aging with respect to federally funded programs as required by federal law and regulations.

The State Council is made up of one member from each state-designated planning and service area. The governor also appoints one member from the association of Washington cities and one member from the Washington state association of counties. In addition, the governor may appoint not more than five at large members, in order to ensure that rural areas (those areas outside of a standard metropolitan statistical area), minority populations, and those individuals with special skills which could assist the state council are represented.

The speaker of the house of representatives and the president of the senate each appoint two nonvoting members to the council; one from each of the two largest caucuses in each house.

Except for the association members, and the legislative members all shall be fifty-five years of age or older.

The State Council has the following functions and responsibilities:

- To serve in an advisory capacity to the Governor, the Secretary of DSHS and the State Unit on Aging on all matters pertaining to policies, programs and services affecting the quality of life of older persons, with a special concern for the low-income and frail elderly;
- To create public awareness of the special needs and potentialities of older persons;
- To provide for self-advocacy by older citizens of the state through sponsorship of training, legislative and other conferences, workshops and such other methods as may be deemed appropriate; and
- To keep currently informed of the needs of older persons which will include maintaining relationships with organizations involved in general senior interests.

ORGANIZATIONAL STRUCTURES

Aging And Adult Services Administration

Is part of the Department of Social and Health Services, the Washington state agency that includes all social services except veterans and prisons. The Administration is responsible for the Older Americans Act, Nursing facilities, Adult Family Homes, Boarding Homes including Assisted Living, Medicaid as it pertains to long-term care for seniors and adults without mental illness or developmental disability, and state financed home and community long-term care programs.

Home And Community Services

This division of AASA is responsible for developing and managing home and community care programs for disabled adults and older persons. The division is comprised of the following parts.

State Unit on Aging

The State Unit on Aging performs the functions of area agency on aging oversight, administration of the OAA programs, writes policies and procedures for the Area Agencies on Aging, monitors the Area Agencies, and manages the employment, respite Adult Day Health, Ombudsman, Health Screening, Nutrition, and volunteer programs for older persons. It also analyzes, develops, and monitors legislation affecting older and disabled persons.

Training, Communications and Development Unit

The Training, Communications and Development Unit develops rules and curriculum for Community-based providers; contracts for and conducts training for staff; writes and publishes brochures on Long Term Care issues and develops new program initiatives.

Home and Community Programs Unit

The Home and Community Programs unit writes the policies and procedures for Home and Community services local offices. This section manages Adult Protective Services, Congregate Care Assessment/placement functions, Chore Services, Medicaid Personal Care and the Community Options Program Entry System (COPES) program.

Home and Community Services, Local Offices

Financial and Social workers and community nurses in this division provide direct long-term care services in 45 statewide locations to persons age 18 and above. The division is administratively divided into six geographic regions, headed by six regional administrators. Programs administered are: Adult Protective Services, Case Management, Chore Services, Adult Family Home Licensing and Placement, Nursing Home and Congregate Care Placement, Title XIX Personal Care and COPES.

Quality Assurance Unit

The Quality Assurance Unit's role is to review both Home and Community Services and the Area Agencies on Aging field staff casework and authorizations.

This will ensure that the services offered by AASA are administered in compliance with federal and state law. It is expected that this unit's work will lead to significant savings related to service eligibility determinations and computer authorization and payment errors.

In addition to the expected monetary savings, it is expected that the QA Unit will have positive outcomes in terms of client services. This will include improvement in the accuracy and quality of comprehensive assessments and service plans. There will be reduced vulnerability to federal disallowances for failure to comply with Home and Community Based Services waiver program requirements. Processes should be strengthened thus assuring the safety and security of vulnerable adults.

Residential Care Services

Residential Care Services performs an array of services designed to ensure a high quality of care for residents living in facilities. Program services include survey compliance with state and federal requirements, planning and development of policies resulting in a resident-oriented delivery system, participation in innovative quality assurance programs, development of services that are an integrated part of the long-term care system, and management coordination with providers.

Management Services Division

This division of AASA is responsible for: Fiscal and Contracts, Data Analysis and Forecasting, Rates Management and Personnel.

Fiscal and Contracts

The Fiscal and Contracts unit develops the biennial budget for all AASA program areas, and allots and monitors all funding sources and expenditures. This unit also develops and monitors contracts with various entities statewide for service provision.

Data Analysis and Forecasting

The Data Analysis and Forecasting unit provides ad hoc data analysis across all AASA programs. This includes development of caseload projections, forecasting budget/caseload growth, and compilation of program performance indicators for internal and federal reporting requirements.

Personnel

The Personnel unit handles all personnel matters for AASA headquarters staff.

They provide information on the merit system rules, applying for state jobs, equal employment opportunity/affirmative action issues, human resource development, appointments, evaluations, reallocations, personnel files, resignation, political activity, retirement, holidays, paydays, insurance benefits, and the various types of leave.

Rates Management

The Rates Management unit establishes rates for each nursing home on an annual basis, reviews nursing home appeals, resolves reporting problems and computes settlements. In addition they develop and oversee Home and Community rates, and rates for other residential facilities.

Office of Technology

The Office of Technology develops and maintains technical applications and infrastructures to facilitate the business practices of the Long Term Care Community in Washington State. These services include network access, software programming, and computer hardware support.

AREA AGENCY ORGANIZATION, POLICY AND STRUCTURE

Delegation Of Authority To Area Agencies On Aging

For the Older Americans Act, and Title XIX (Medicaid) programs involving persons living at home, the Aging and Adult Services Administration (AASA) delegates authority to Area Agencies on Aging by way of the following policies:

- AAAs have the authority to promulgate policies and procedures for the operation of services and contract management. AAA policies and procedures shall be in addition to those established by AASA and must take into account federal and state law, regulation, and policy.
- Each AAA is delegated the authority by AASA to:

  —Become the regional focal point on aging matters;

  —develop the area plan on aging; and

  —carry out directly or by contract the functions and responsibilities described in this plan.
- AAA authority extends to negotiating contracts, allocating resources, making operational policy and management decisions within program guidelines, and developing budgets.
- In addition, the Area Agency shall manage the home care caseload as assigned by the home and community services office, according to the laws and regulations in effect.

Immediately following the Aging Network Policy and Philosophy is given in detail and clearly delineates the framework of authority that has been delegated.

AGING NETWORK POLICY AND PHILOSOPHY

Description of the Aging Network

The Aging and Adult Services Administration (AASA) utilizes the Aging Network to plan, develop and administer programs and services funded wholly or in part by monies available under the Older Americans Act. The Aging Network includes thirteen Area Agencies on Aging (AAA) designated by AASA in accordance with the laws and regulations promulgated by the Administration on Aging and authorized under the Older Americans Act. These agencies are contractors for the state under AASA, and their subcontractors are also members of the Aging Network. The subcontractors are service providers who may offer single or multiple services. Also included in the Aging Network are agencies or facilities who serve the needs of older persons but may not be direct recipients of Older Americans Act funds. These might include hospitals, churches, senior centers, and other service providers funded by different streams of money including Title XIX of the Social Security Act.

Aging Network Mission Statement

The mission of the Aging Network is to promote, plan, and facilitate the development of a comprehensive and coordinated service delivery system responsive to the needs of all older persons (age 60+). Priority attention shall be directed to those who are most vulnerable due to social, health, or economic status. The system shall be designed to maximize individual options for high quality, timely, and cost-effective service which will enable participants to achieve their highest potential for independent living and maintain personal dignity.

Aging Network Comment and Review of this Plan

The following parts of the Aging Network have reviewed the plan: The State Council on Aging; the Area Agencies on Aging; parts of the plan were discussed with the legal services community, the Professional Guardians Certification Board and the King county Bar Association. The program mangers in the state unit on aging were consulted about programs and feedback from their field visits, and monitoring.

The State Council on Aging is a public meeting and the plan was on the agenda for several months.

As comments and suggestions were received, the plan was changed or the commenter was contacted to see if there was a section that answered the comment, or if the comment was clear on what was desired.

In the case of comments that were not implemented the person making the suggestion was notified and a reason for non-acceptance was given to them.

Title VII Review of this Plan

Title VII, Elder rights is also discussed at the Access to Justice Conference, which is sponsored by the Washington State Bar. This three-day conference is held annually and brings together lawyers, judges, and consumers to determine how to improve the access to justice in the state. One of the outcomes of this has been the legal

needs survey that we have contributed $20,000 to insure that questions about the legal needs of elders were addressed. This will be done in 2003 and we will develop plans to address the findings at that time.

System Building Strategies

Based on the policy assumptions established earlier, AASA has objectives that respond to the full range of aging needs. The following are objectives and principle components of a systems building strategy that have implications for AAA planning and operations. The AAAs in cooperation with AASA must:

- Target the service delivery system to those age 60 plus; aging 60 plus at or below Poverty; age 60+ who are minorities; Those in rural areas; age 60 plus with limited English speaking ability; and those age 60 plus needing assistance with ADLs.
- Develop a service delivery system which incorporates the concept of a continuum of care which includes access, case management, social, health, personal care, and access to and from residential services.
- Develop a service delivery system for the aging population which coordinates, to the extent possible, all service delivery programs administered by the Department of Social and Health Services and other agencies providing services to older persons.
- Develop a statewide strategy for service delivery at the community level. This includes developing a strategic plan based in part on AAA plans.

See: Exhibit 1 — Draft Strategic Plan

- Establish a system of supportive services that ensures that clients are provided services that most appropriately respond to their needs.
- Involve advisory councils or bodies in all major aspects of AASA and AAA functions directed to the establishment of a comprehensive and coordinated system of services for the elderly.
- Periodically conduct needs assessments. AAAs must assess needs of the older population annually as part of its continuous planning process. AASA must conduct a statewide needs assessment at regular intervals.

Policies Involving Vulnerable Older Persons

AASA and Area Agencies on Aging must place special emphasis on meeting the needs of vulnerable older persons who, without assistance, are at risk of placement in a more restrictive living environment.

RCW 74.34.020 and .021 define a vulnerable older person as:

RCW 74.34.020 Definitions.

(13) "Vulnerable adult" includes a person:

(a) Sixty years of age or older who has the functional, mental, or physical inability to

care for himself or herself; or

(b) Found incapacitated under chapter 11.88 RCW; or

(c) Who has a developmental disability as defined under RCW 71A.10.020; or

(d) Admitted to any facility; or

(e) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW; or

(f) Receiving services from an individual provider.

[1999 c 176 § 3; 1997 c 392 § 523; 1995 1st sp.s. c 18 § 84; 1984 c 97 § 8.]

RCW 74.34.021 Vulnerable adult -- Definition.

For the purposes of this chapter, the term "vulnerable adult" includes persons receiving services from any individual who for compensation serves as a personal aide to a person who self-directs his or her own care in his or her home under chapter 336, Laws of 1999.

[1999 c 336 § 6.]

AASA has identified the following services **funded by the Older Americans Act** that should serve only the vulnerable elderly. The same service may be funded by sources that do not have this restriction.

Case Management	Home Health
Home Delivered Nutrition	Health Maintenance
Adult Day Health	Aging Network Chore Service
Adult Day Care (Social Day Care)	

AAAs must implement program specific targeting so that services provided to older persons with diminished abilities or means allow them to live at their highest level of independence.

The Aging Network provides a set of services that may not necessarily serve the vulnerable elderly; but may also serve an elderly person who may become vulnerable if not provided such services. The services are: transportation, health screening, minor home repair and maintenance services, congregate nutrition, well adult clinics, health appliance and limited health care, legal services, and mental health.

Because of limited resources and the rapidly growing elderly population, any one of the above programs should serve those clients most at risk of moving to a more restrictive level of care. AASA recognizes the limitations of using a universal population factor or set of factors to determine need, which may not adequately reflect an individual's potential for being "at risk." (For example, a minority person over the age of 65 with a low income may be able to cope very adequately with the demands of their environment.) Consequently, program specific criteria have been identified which establish a condition that should exist with each client before he/she is provided a service. For example, the transportation program specific criteria states that each client should:

1) Need transportation to medical health services, social services, shopping assistance, meal programs; and

2) —have no car, or

—be unable to drive, or
—be unable to afford to drive, or
—be unable to use public transportation, or
—not have access to public transportation (e.g., it may not exist.)

The mobility condition being assessed is the client need to get to a service and lack of means for getting there. The assumption that with continued isolation, the client's condition will deteriorate, and then needing more support or a more restrictive level of care.

With respect to the services listed above, it is the responsibility of the service provider to assess the client's need for that service. The client's need may exceed the parameters of the service provided. For example, if a client is identified as needing the congregate nutrition program five days a week and the program is available only one day a week, the provider must identify other ways in which the client's nutritional needs can be met.

Total Group of Services

	Title III-B	Title III-C	Title III-F	SCSA	State Chore	Title XIX	USDA	Title V	Elder Abuse
Access Services									
Transportation	X			X		X			
I&A	X			X					
Case Management/Nursing Services	X			X		X			
Legal Assistance	X		X	X					X
In-Home Services									
Chore	X			X	X				
Personal Care	X			X		X			
Home Health	X		X	X		X			
Health Maintenance	X		X	X					
Respite Care	#								
Visiting &Telephone Reassurance	X								
Minor Home Repair /Environmental Mod.	X			X		X			
Adult Day Care (level 1- as respite)	X			X					
Volunteer Chore	X			X					
Nutrition Services									
Congregate		X		X			X		
Nutrition Outreach		X							
Nutrition Education		X	X	X					
Home Delivered		X		X		X	X		
Shopping Assistance		X		X					
Social & Health Services									
Adult Day Health	X			X		X			

Geriatric Health Screening	X		X	X					
Home Health	X			X					
Mental Health Clinic	X		X	X					
Senior Employment	X							X	
Respite Care									
Respite Assessment/Coord.	X			X					
In-home	X			X					
Out-of-home	X								
Senior Center	X								
Health Appliance	X			X					
Limited Health Care	X			X					
Retired Senior Volunteer Program	X			X					
Senior Companion	X			X					
Foster Grandparent	X			X					
LTC Ombudsman	X			X					X
Newsletter	X								X
Disease Prevention			X						
Alzheimer's Services	X		X	X					X
Elder Abuse Prevention									X
Family Caregiver Support Services									

Footnote: # Respite services as a Title III-D program continues to exist in OAA statute, but funding was not appropriated in FY 2000 for Title III-D. Respite is outlined in the Table under Social & Health Services. All other In-Home services formerly funded under Title III-D were covered under Title III-B in FY 2000.

The department and AASA have not defined any other in-home services for the Older Americans Act.

Demographics of Washington State's 60+ Population

The charts and graphs on the next several pages are based upon 2000 Census data that has been updated through Office of Financial Management (OFM).

http://www.censusscope.org/

WASHINGTON AGE DISTRIBUTION

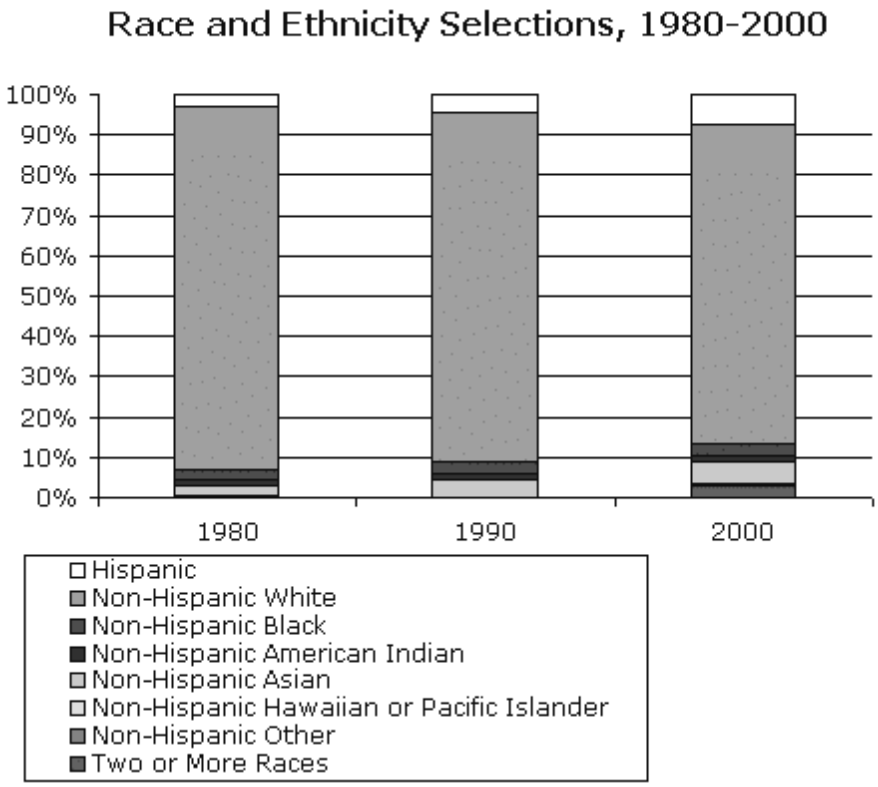
Drawn as a "population pyramid," an area's age-sex structure hints at its patterns of growth. A top-heavy pyramid, like the one for Grant County, North Dakota, suggests negative population growth that might be due to any number of factors, including high death rates, low birth rates, and increased emigration from the area. A bottom heavy pyramid, like the one drawn for Orange County, Florida, suggests high birthrates, falling or stable death rates, and the potential for rapid population growth. Most areas, however, fall somewhere between these two extremes and have a population pyramid that resembles a square, indicating slow and sustained growth with the birth rate exceeding the death rate, though not by a great margin.

Age Distribution by Sex, 2000

	Male		Female	
	Number	Percent	Number	Percent
Total Population	2,934,300	49.8%	2,959,821	50.2%
0-4	202,065	3.4%	192,241	3.3%
5-9	218,501	3.7%	207,408	3.5%
10-14	222,937	3.8%	211,899	3.6%
15-19	220,412	3.7%	207,556	3.5%
20-24	200,812	3.4%	189,373	3.2%
25-29	206,789	3.5%	196,863	3.3%
30-34	223,414	3.8%	214,064	3.6%
35-39	244,033	4.1%	239,917	4.1%
40-44	246,265	4.2%	244,872	4.2%
45-49	225,509	3.8%	228,714	3.9%
50-54	195,058	3.3%	196,691	3.3%
55-59	142,506	2.4%	142,999	2.4%
60-64	104,014	1.8%	107,061	1.8%
65-69	84,294	1.4%	91,931	1.6%
70-74	72,628	1.2%	88,313	1.5%
75-79	60,153	1.0%	82,555	1.4%
80-84	38,693	0.7%	59,496	1.0%
85	26,217	0.4%	57,868	1.0%

Source: Census 2000 analyzed by the Social Science Data Analysis Network (SSDAN).

WASHINGTON—POPULATION BY RACE



Census data on race and ethnicity can be difficult to interpret: "race" and "Hispanic ethnicity" are asked as separate questions. Thus, a Hispanic person can be of any race. Changes over time in the Census categories regarding race can also make trend data difficult to interpret: for example, persons who selected "Native Hawaiian or Other Pacific Islander" on the 2000 Census, the first to offer this category, could have responded in a number of different ways on previous Censuses. The 2000 Census also marked the first time that respondents were allowed to select more than one racial category. On earlier Censuses, multiracial individuals were asked to chose a single racial category, or respond as Some Other Race. For more information on the multiracial population in 2000, please see the multiracial profile.

Hispanic Population and Race Distribution for Non-Hispanic Population

	1980		1990		2000	
	Number	Percent	Number	Percent	Number	Percent
Total Population	4,132,156	100.00%	4,866,692	100.00%	5,894,121	100.00%
Total Hispanics	120,016	2.90%	214,570	4.41%	441,509	7.49%
White*	3,725,875	90.17%	4,221,622	86.75%	4,652,490	78.93%
Black*	104,000	2.52%	146,000	3.00%	184,631	3.13%
American Indian and Eskimo*	60,804	1.47%	76,397	1.57%	85,396	1.45%
Asian*	102,520	2.48%	203,668	4.18%	319,401	5.42%
Hawaiian and Pacific Islander*	-	-	-	-	22,779	0.39%
Other*	18,941	0.46%	4,435	0.09%	11,989	0.20%
Two or More Races*	-	-	-	-	175,926	2.98%

- Non-Hispanic only; in 1980 and 1990 "Asians" includes Hawaiians and Pacific Islanders.
  Source: Census 2000 analyzed by the Social Science Data Analysis Network (SSDAN).

Cost Sharing

The state of Washington has decided to implement Cost Sharing for those services that receive state financing that already requires Cost Sharing. The rules for Cost Sharing will be the same as the rules for the Senior Citizens Services Act sliding fee payment schedule, with the exception that the Federal Cost Sharing will not have a resource test and will have an opt out provision pursuant to the OAA.

It is our intent that this will not add to the workload or change present practice at the AAA's. The materials to lower the impact on the poorest clients and those with limited English skills will follow.

Cost Sharing — Services Requiring Cost Sharing and Waiver Requests

Service paid for by Title III & SCSA	Cost Sharing required
SCSA Chore Services	**Yes**
Respite Care Services	**Yes**

Area Agencies may request a waiver of the policy. Waiver requests need to document that —

(A) a significant proportion of persons receiving services under this Act subject to cost sharing in the planning and service area have incomes below the threshold established in State policy; or .

(B) cost sharing would be an unreasonable administrative or financial burden upon the area agency on aging.

FINANCIAL PLAN

Shown below are the allotments for the most recent fiscal year to each Area Agency.

OLDER AMERICANS ACT
2002 INITIAL ALLOTMENTS

AREA AGENCY	IIIB - Supportive Services	IIIC1 - Congregate Meals	IIIC2 - Home Delivered Meals	IIID - Preventive Health	IIIE - Nat'l Family Caregiver	TVII - Elder Abuse	TOTAL
	NEW	NEW	NEW	NEW	NEW	NEW	NEW
OLYMPIC	$330,847	$352,222	$155,286	$19,196	$111,859	$3,748	$973,158
NORTHWEST	$371,651	$391,909	$177,735	$21,971	$128,029	$4,289	$1,095,584
SNOHOMISH	$399,306	$414,351	$196,861	$24,335	$141,806	$4,751	$1,181,410
KING	$1,623,349	$1,604,852	$870,268	$107,582	$626,886	$21,004	$4,853,941
PIERCE	$628,005	$636,784	$322,680	$39,889	$232,438	$7,788	$1,867,584
LMT	$347,961	$367,382	$166,005	$20,521	$119,580	$4,006	$1,025,455
SOUTHWEST	$418,886	$439,334	$202,417	$25,022	$145,809	$4,885	$1,236,353
CENTRAL	$438,000	$459,410	$211,629	$26,161	$152,445	$5,107	$1,292,752
SOUTHEAST	$644,861	$663,572	$322,826	$39,907	$232,544	$7,791	$1,911,501
YAKAMA NATION	$83,573	$87,780	$40,274	$4,978	$29,010	$972	$246,587
EASTERN	$616,586	$631,618	$311,182	$38,468	$224,156	$7,510	$1,829,520
COLVILLE INDIAN	$37,407	$42,879	$14,875	$1,839	$10,715	$359	$108,074
KITSAP	$208,681	$228,949	$91,988	$11,371	$66,263	$2,220	$609,472
TOTAL	$6,149,113	$6,321,042	$3,084,026	$381,240	$2,221,540	$74,430	$18,231,391

Exhibit 1—State Plan Objectives

Attached, is the “Draft Strategic Plan” for Aging and Adult Services Administration. While this document is being reviewed and commented upon, it is for all intents and purposes the Goal and Objectives of the Agency for the next two years. It will not change except in minor details.

We incorporate it as the objectives of this State Plan.

State of Washington

Department of Social and Health Services

Aging and Adult Services Administration

Strategic Plan

2003 - 2005

Kathy Leitch
Assistant Secretary
Aging and Adult Services Administration
Department of social and Health Services

June 2002

State of Washington

Department of Social and Health Services

Aging & Adult Services Administration

June 14, 2002

Community Partners and other Interested Persons:

This strategic plan for the 2003-2005 biennium is being sent to you for your information.

In preparing this plan, AASA leadership has conducted strategic planning exercises with staff, surveyed program clients and hosted critical issue forums with major consumer, provider, and other stakeholder organizations. We have consulted other leading states with successful long-term care programs. We held an executive conference with all AASA managers to update our vision for the long-term care system in Washington State.

We have also consulted with our colleagues at the Medical Assistance and Health and Rehabilitative Services Administrations regarding shared clients, policy and budget issues within the Medicaid Program.

The goals and objectives in this strategic plan are intended to address those issues and strategies most critical to the success of the AASA long-term care program.

Sincerely,

Kathy Leitch

Assistant Secretary

Penny Black, Director	Patricia Lashway, Director	Denise Gaither,, Director
Home & Community Services	Residential Care Services	Management Services

Edited by Ken Cameron, Strategic Planning Coordinator

K L

Aging & Adult Services Administration

Strategic Plan

2003-2005

CONTENTS

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To achieve this purpose, we:

Convene consumer advocates, state agencies, service providers, and other stakeholders to promote, plan, develop, and coordinate a comprehensive long-term care system.

Develop programs to support the critical role of family caregivers and administer Medicaid's LTC benefit package for those adults who need public assistance.

Develop a cost-effective array of home care, community-residential and nursing home services, which are responsive to diverse consumer needs and preferences.

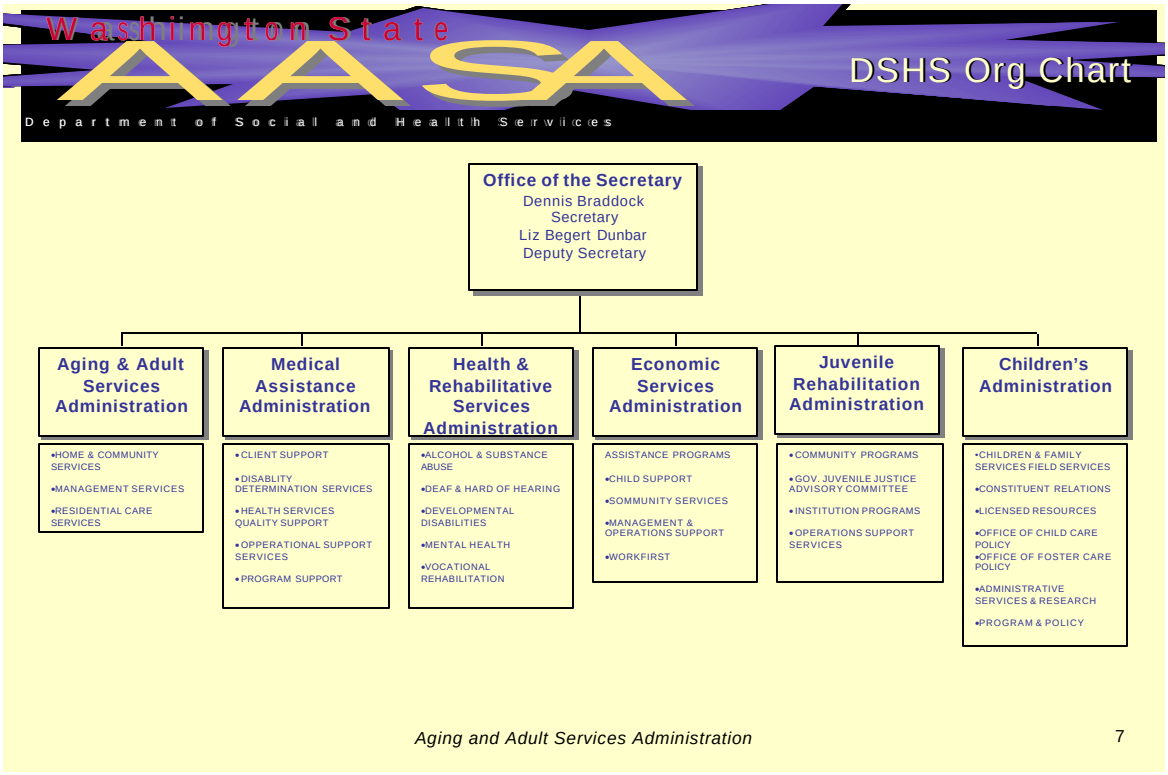
Work with the Home Care Quality Authority and local Area Agencies on Aging to manage home care services for low-income adults. We also work with the AAAs to manage Older Americans Act programs for seniors over age 60.

Promote quality, safety, and accountability of federal and state licensed residential care facilities, in the interest of residents, regardless of payment source.

Protect adults from abuse, neglect, abandonment, and exploitation.

Manage state and federal resources prudently and employ efficient business practices for maximum public benefit.

Location of AASA within
The Department of Social and Health Services



Organizational Structure

Unlike many other states, AASA brings together under one administrative organization the major long-term care programs (Home-Based Care, Community-Residential Care and Nursing Facilities) designed for adults with chronic illness, cognitive impairment and functional disability.

The AASA organization includes:

Statewide Network of Home & Community Services Offices

> Financial eligibility for state/federal long-term care benefits
> Functional needs assessment for adults with disabilities
> Case management for adults in residential care settings
> QA for client eligibility, care planning/case management
> Adult protective services investigation and response

Statewide Residential Care Quality Assurance

> Nursing facilities
> Boarding homes/assisted living facilities
> Adult family homes
> Intermediate care facilities/mental retardation (ICF/MR)

Statewide Network of Contracted Area Agencies on Aging

> Specialized senior information and assistance program
> Local contracting and quality assurance for home care
> Case management for adults receiving care in their homes
> Nursing services for adults in home/community care
> Other specialized home & community-based care programs

Aging and Long-Term Care Payment Administration

> Home care and other community-based aging programs
> Community-residential care and nursing facilities

Leadership Vision: Long-Term Care 2005

Where Have We Been?

1983 – HCFA approves COPES Medicaid Waiver, allowing nursing home eligible clients to be served in home care and community-residential settings.

1984 – DSHS adopts a formal policy limiting growth of nursing home capacity and promoting expansion of home care and community-residential services.

1985 – State Council on Aging and legislative committees jointly sponsor public hearings on long-term care. The result: Respite Care Program for unpaid family caregivers, expansion of home/community services and case management.

1986 – Bureau of Aging and Adult Services (BAAS) develops first written case management standards. BAAS and the Bureau of Nursing Home Affairs are combined, creating the current Aging and Adult Services Administration (AASA).

1989 – Legislature approves Medicaid Personal Care option, introducing for the first time an entitlement to home/community services.

1993 – Legislature enacts SHB 2098 expanding & improving home/community care. The 93-95 LTC budget relocates 750 nursing home clients.

1995 – E2SHB 1908 limits unnecessary nursing home utilization. 95-97 LTC budget reduces NH caseload by 1,600 clients. Caseload target trends down from 16,000 in 1996 to 12,000 by 2003. QA monitoring for adult family homes (AFH).

1998 – Boarding home licensing transferred from DOH to DSHS.

1999 – Legislature approves two 50-cent/hour increases for LTC workers.

2000 – Family Caregiver Support Program. Adult Protective Services improved.

2001 – Enhanced in-home nursing services and AFH provider qualifications. MAA budget proviso mandates chronic disease management, including high-risk AASA/MAA clients. I-775 passes, creating Quality Home Care Authority. Congress adds family caregiver program to Older Americans Act.

2002 – Legislature rejects LTC eligibility and nursing home administrative cuts, makes marginal cuts in home/community care. Governor vetoes 25-cent/hour home care wage increase. DSHS launches Medicaid Health/LTC Integration Project.

Leadership Vision: Long-Term Care 2005

Where Are We Going?

The AASA Mission is to help adults with chronic illness, cognitive impairment, and functional disability to secure preferred long-term care services and quality of life. We achieve success by supporting family caregivers, expanding home care and community-residential service options, and continuously improving quality-of-care in all settings. We reduce unnecessary nursing facility capacity and use to contain overall cost in the system.

The AASA long-term care caseload is 45,000/month and rising. Over half of these clients receive care at home. Less than 30% reside in skilled nursing facilities. Another 18% reside in community-residential settings. Passage of the Quality Home Care Initiative (I-775) in 2001 represented a public commitment to increase wages and strengthen the home care workforce. The new Quality Home Care Authority has been created for this purpose. The 2002 legislature provided a 25-cent/hour-wage boost despite very tough budget constraints (which later led the Governor to veto the measure).

LTC program development requires closer coordination with the health care system. Our case management and quality assurance staff now routinely encounter people with complex medical conditions, multiple medications, cognitive and behavioral conditions associated with their functional disability. AASA is upgrading the Comprehensive Assessment to identify the full range of client needs in a holistic manner. We are developing strategies to better coordinate necessary health/LTC services and to enhance quality in all long-term care settings.

The Olmstead Supreme Court Decision established a legal obligation to accommodate people with a wide range of disabilities in community settings, with "medically appropriate" services. In the future, AASA will be expected to address the full scope of clients' health, mental health, and personal care needs. Budget limitations and caregiver and nursing shortages may severely hamper this effort. Innovative care management technology may become an important asset.

Secretary Braddock has directed DSHS to develop a Medicaid Integration Project to slow the progression of illness and disability among Medicaid clients and contain costs. AASA, MAA, and HRSA have launched a joint venture to improve the integration of health, MH/CD and long-term care services for high-risk shared clients. The goal is to improve client health outcomes, while reducing unnecessary ER and hospital use, prescription drugs, nursing facility and state hospital placements.

Summary of Strategic Goals for 2003-2005

Providing Public Value

1. Promote public understanding & support for AASA LTC programs
2. Strengthen LTC information/assistance/digital access for the public
3. Strengthen the adult protective services/complaint investigation programs

Addressing Client & Family Needs

4. Support the critical role of family and other informal caregivers
5. Upgrade community-residential care models to enhance quality & accountability
6. Strengthen home care program: enhance scope of services, quality & accountability

Budget Performance & Economic Value

7. Achieve budget savings by improving accountability for LTC benefits
8. Reduce unnecessary nursing facility capacity & Medicaid nursing facility caseload
9. Develop cost-effective and efficient long-term care payment models

Internal Management Processes

10. Strengthen AASA manager/supervisor/staff effectiveness
11. Improve LTC eligibility/assessment/care planning/care coordination functions
12. Integrate information systems across the health/long-term care enterprise

Organizational Learning & Program Innovation

13. Strengthen data analysis to improve strategic planning for high-risk clients
14. Develop “chronic care coordination” concept to link health and LTC systems
15. Implement Washington Medicaid Integration Project with MAA and HRSA

Strategic Goals and Objectives

(2003-2005)

Providing Public Value

1. Promote Public Understanding and Support for AASA Long-Term Care Programs

a. Educate elected officials, news media, consumers and opinion leaders on critical issues in LTC by (July 2005)

b. Inform physicians, hospital managers/staff, health plans and others in the health care system on LTC policies and strategies by (July 2005)

c. Explain to decision makers and the public that the state and communities share responsibility for supporting LTC clients. Identify barriers that interfere with client choice of care setting, including Medicaid eligibility standards, lack of appropriate providers or other delivery system issues by (July 2005)

2. Strengthen LTC Information & Assistance and Digital Access for the Public

a. Continue to develop and improve AASA internet and print resources, including policy, program descriptions, eligibility, access and quality assurance by (July 2005)

b. Update and strengthen the Aging Network Information and Assistance program. Work with the National Council on Aging (and a statewide coalition) to develop, customize and promote the *Benefits Check Up* screening tool for federal-state-local benefit programs by (July 2005)

3. Strengthen the Adult Protective Services and Residential Complaint Investigation Programs

a. Develop computer links to share pertinent investigation information between DSHS databases by (July 2005)

b. Develop and Implement a specialized comprehensive training program for all AASA staff that investigate alleged abuse or neglect by (Jan 2004)

c. Implement strategies to improve coordination with other state agencies serving vulnerable adults (DDD, CA, MHD, DOH, etc.) by (July 2004)

d. Work with other state agencies (MHD, DDD, RSN, etc.) to develop plan for a generic crisis response system for clients at risk of harming themselves or others (including dementia) by (July 2004)

4. Support the Critical Role of Family and Other Informal Caregivers

a. Work with consumer advocates and caregiver associations to promote better understanding of the vital contributions and support needs of family and other informal caregivers by (July 2005)

b. Integrate the Family Caregiver Support Program into the AASA long-term care system. Provide specialized information, training, respite and other support services for family and other unpaid caregivers by (July 2005)

c. Improve training and coordination of staff within AASA, other DSHS administrations and Area Agencies on Aging to better support the significant numbers of grandparents and relatives raising children by (July 2005)

5. Upgrade Community-Residential Care Models to Enhance Quality and Accountability

a. Develop cost-effective nursing services and other enhancements to strengthen the capacity of boarding home/assisted living models to support "aging in place" for clients with complex needs by (July 2005)

b. Develop cost-effective nursing services and other enhancements to strengthen the capacity of the adult family home model to support "aging in place" for clients with complex needs by (July 2005)

c. Strengthen expert consultation and training for all community-residential providers. Enhance capacity to meet the unique care challenges of clients with dementia by (July 2005)

6. Strengthen Home Care Program: Enhance the Scope of Services, Quality and Accountability

a. Create a cooperative working relationship between the new Home Care Quality Authority and the AASA-AAA long-term care system by (Jan 2004)

b. Develop strategies to improve the LTC home care workforce, including better wages, benefits, performance incentives, training, improved oversight and a management database by (July 2004)

c. Assist the Home Care Authority to develop an effective referral/brokerage vehicle that will assist people with disabilities to successfully employ individual providers (IP). Coordinate IP and agency home care capacity in order to serve the continuum of client needs by (Jan 2004)

d. Implement the Personal Assistant Recruitment/Retention (PARR) project. Provide training and support for adults with disabilities to successfully employ their own individual providers by (Jan 2004)

e. Develop more effective ways of supporting in-home care for people with dementia by adding cost-effective 24-hour service, greater availability of assistive technology, more liberal medication administration guidelines, stronger tools, short of guardianship, for money management (protective payee/bill paying) and family support by (Jan 2004)

f. Develop legislation and/or budget proposal to improve long-term care employer information on past performance of prospective caregivers by (Jan 2004)

g. Propose extension of nurse delegation to in-home settings by (Jan 2004)

7. Improve Accountability & Achieve Budget Savings by Managing Access to Medicaid Long-Term Care Benefits

a. Fully implement new quality assurance protocols for Home/Community Services (HCS) and the Area Agencies on Aging (AAA) for client eligibility, assessment, care planning and case management by (Jan 2003)

b. Assess results and cost-effectiveness of HCS/AAA quality assurance program by (Jan 2004)

8. Reduce Unnecessary Nursing Facility Capacity and Medicaid Nursing Facility Caseload

a. Implement strategies aimed at encouraging nursing facility operators to sell or convert excess capacity to other productive purposes and consolidate census in cost-effective facilities by (Jan 2004)

b. Continue to refine case management strategies to relocate Medicaid nursing facility clients to home/community settings, consistent with client choice and safety by (July 2005)

c. Work with MAA and HRSA to integrate health/LTC services and manage the Medicaid budget for the aged/blind/disabled population. Target high-cost ER, hospital, pharmacy, durable medical equipment and nursing facility cost centers by (July 2005)

    i. Reduce the Medicaid nursing facility caseload to 12,000 by (July 2005)

9. Develop Cost-Effective and Efficient Long-Term Care Payment Models for all Settings

a. Improve four level payment system for community-residential care and implement any additional funding provided by the legislature by (July 2003)

b. Study alternative models for home care payment by (Jan 2004)

c. Modify the nursing facility case mix payment system to increase payments for high-need and reduce payments for low-need clients who could be served in community settings [budget neutral] by (Jan 2004)

Internal Management Processes

10. Strengthen the Effectiveness of AASA's Managers, Supervisors and Staff

a. Conduct a workload study to document AASA staffing levels (HCS, RCS, AAA) necessary to manage caseload growth and quality assurance for the long-term care system by (Sept 2003)

b. Secure legislative approval and implement regulatory process reengineering. Improve quality of care, risk prevention and administrative efficiency by selectively revising LTC program requirements by (Sept 2003)

11. Improve LTC Eligibility, Client Assessment, Care Planning and Care Coordination Functions

a. Complete content upgrade, automation and staff training for the Comprehensive Assessment (CA) and implement by (Sept 2003)

b. Compile CA data to identify trends in client needs and improve delivery system planning by (July 2004)

c. Assess strengths and weaknesses of LTC access/assessment/care coordination processes following implementation of the revised CA and schedule corrective actions by (Jan 2005)

12. Integrate Information Systems across the Entire Medicare-Medicaid Health/Long-Term Care Enterprise

a. Complete the Common Business Elements System, containing standard data on the agency's primary business functions, eliminating redundancy and conflicts by (July 2004)

b. Link MMIS, SSPS, MDS, CA, APSAS and related databases and systems to provide vital information for strategic planning, quality services, risk management and cost-containment by (July 2004)

c. Use internal and external resources as necessary to develop comprehensive Medicare-Medicaid linked-data, using data use agreement with CMS by (July 2004)

Organizational Learning
&
Program Innovation

13. Strengthen Data Analysis to Improve Strategic Planning for High-Risk Clients, in Cooperation with MAA and RDA

a. Develop plan for enhanced data analysis, including securing grant funding and/or developing new skills internally by (Sept 2003)

b. Reorganize data production, analysis and presentation resources to improve strategic planning and accountability by (Sept 2003)

c. Analyze quality assurance findings (both HCS & RCS) to identify LTC system problems and feedback recommendations for strategic planning purposes by (July 2005)

14. Develop the "Chronic Care Coordination" Concept: Link Health and Long-Term Care Systems to Improve the Continuity-of-Care for High-Risk Clients

a. Develop a model of chronic care coordination using best practices and collaboration with other state agencies and community providers. Strengthen multidisciplinary assessment and cross-program care planning to coordinate health, mental health and personal care services by (Sept 2003)

b. Identify health promotion and disease prevention strategies for high-risk clients, implementing training programs for clients, caregivers and case managers by (Sept 2003)

c. Enhance specialized chronic disease training for social workers and case management staff, including mental health, substance abuse, dementia, symptom management, family support and coordination with primary care physicians by (July 2005)

15. Implement Washington Medicaid Integration Project in Joint Venture with MAA, HRSA and Community Partners

a. Develop specialized community-residential care program to manage high-risk dementia clients, including emergency respite facilities by (Sept 2003)

b. Develop one or more integrated service models combining adult day health with community-residential setting or home care for high-risk clients by (July 2005)

c. Expand the "cluster care" concept, providing coordinated personal care for residents of congregate housing by (Jan 2004)

d. Develop consumer-directed care models responsive to the needs and preferences of persons with disabilities. Cooperate with the National Association of State Units on Aging to promote opportunities for older consumers to direct the services they receive, including use of their Consumer Direction Assessment Tool by (July 2004) - Share model project results with the Home Care Quality Authority by (July 2005)

e. Develop health/MH/CD/LTC delivery models in conjunction with the Medicaid Integration Project – strengthen chronic care coordination, improve health outcomes and reduce costs for high-risk Medicaid clients by (July 2005)

Comprehensive Health & Long-Term Care Vision

AASA will work with consumer advocates, providers and other community partners to help families in Washington State anticipate, plan for and manage their long-term care responsibilities.

For those adults with chronic illness, cognitive impairment, and functional disability who need and are eligible for Medicaid, we envision an increasingly integrated health/LTC benefit program; one that delivers coordinated health, MH/CD, and long-term care services. The program will be accountable for high standards of preventive health, service quality, continuity-of-care, economic value, and consumer satisfaction.

Strategic Goals for 2009

1. ***Coping with dementia*** **-** Develop a comprehensive program to address the multiple and complex needs of individuals with dementia and their caregivers. Coordinate information, resources, and service strategies necessary to manage this tragic epidemic in the public interest.
2. ***Improving primary health care*** **-** Collaborate with MAA and community partners to develop managed health care arrangements for all aged/blind/disabled (A/B/D) clients. The Healthy Options Medicaid Managed Care Program provides routine and secure access to primary medical care (a "medical home") for families with children.

   A/B/D clients have an even greater need for timely and accountable medical attention. An organized and stable approach to health care will better support the role of family caregivers and facilitate the integration of MH/CD and long-term care services, as needed.

Aging & Adult Services Administration

Strategic Plan

2003-2005

[Attachment A]

Environmental Assessment

(2003-2005)

Demographic Trends

Long-term care is or will be an issue of concern to virtually every family in Washington State. Aging of the population and advanced medical technology have resulted in a growing number of persons living with chronic illness, cognitive impairment and functional disability, who require assistance. The primary resource for long-term care continues to be family and friends.

The Boomer generation is now experiencing the dramatic social, emotional, and financial impact of parent care responsibilities. However, numerous changes in family circumstances and work life have reduced the capacity of family caregivers to meet all the needs of their loved ones. The result is an increasing demand for improvement and expansion of the state long-term care system to support and complement the work of informal caregivers.

While an adequate supply of high quality nursing home beds is required for those who need that level of care for some period of time, consumers and their families express a clear preference for home care and community-residential service options.

Client Characteristics

AASA projects an average monthly Medicaid LTC caseload of 45,000 and rising. Seventy percent of these are seniors over age 65. Thirty percent are adults age 18-64. Program experience indicates rising acuity in the long-term care program. There are a growing number of high-risk clients with complex medical conditions, prescription drug requirements, cognitive deficits, and functional disability. AASA is upgrading its Comprehensive Assessment (CA) instrument to better meet the need for holistic care planning. Chronic care coordination will link the health care & LTC systems.

Beyond the Medicaid population, AASA provides quality assurance for all community-residential and nursing home facilities, regardless of the resident's payment source. This broader constituency includes both older and younger adults with disabilities and increasing levels of acuity (health, mental health and functional needs).

Larger numbers of adults with a wide range of disabilities will impact the caseload and capacity

of the Adult Protective Services and Residential Complaint Investigation programs.

Olmstead Decision

The Supreme Court has ruled that people with disabilities have a civil right (Americans with Disabilities Act) to medically appropriate home and community-based services. Rising public expectations and legal liability now, shape strategic planning to improve the scope of health/LTC services, chronic cares coordination, and quality and risk management.

National Health Policy

Health care costs are once again on the rise. Economic recession has resulted in the loss of health insurance along with jobs. The escalating population of uninsured (40 million and growing) has produced various coalitions of consumers, business, and providers advocating for policy changes and resources. The backlash against "managed care" produced legislation on "patient's rights" but the congress is deadlocked on the issue.

The combination of huge tax cuts, economic downturn, and military investments has turned the federal budget to deficit. New health care expenditures, if any, are expected to be very limited.

Medicare Reform

There is very strong public support and a broad political consensus on the need to implement a Medicare prescription drug benefit. However there are pronounced partisan differences, technical complexities, and high cost factors interfering with congressional action on this measure.

Medicare+Choice (M+C), the managed care option for seniors, has been nearly destroyed by partisan political conflict, congressional ambivalence about payment policies, and other regulatory complications. As a result, many thousands of Medicare beneficiaries across the country have lost an option they valued, one that previously contained a highly prized prescription drug benefit.

Meanwhile, Medi-Gap insurance options have become much more expensive and the employer-sponsored retiree health care options have been rapidly phasing out of existence. The Republican Administration and many Democrats in congress are working on strategies to "modernize" Medicare. They propose to revitalize M+C options and add some form of prescription drug benefit. Final action is unlikely in 2002.

The National Academy of Social Insurance focused its 14th Annual Conference this year on ***Long-Term Care and Medicare Policy: Can We Improve the Continuity of Care***. This is an example of a growing discontent with the "episodic sick care" model of Medicare. With an aging population, concern is growing that physicians and organized health plans need payment incentives for disease management, pharmacy management and care coordination. The Institute of Medicine report ***Crossing the Quality Chasm*** calls for major health system reform to accommodate better chronic cares management. Meanwhile states are struggling just to maintain LTC programs for Medicaid Eligibles.

Medicare & Medicaid Opportunities

In recent years, the Robert Wood Johnson Foundation has assisted the development of innovative strategies to link Medicare and Medicaid benefits. A growing number of states are exploring projects that integrate primary, acute and long-term care services for seniors dually eligible for

Medicare and Medicaid (M&M). This year the National Association of State Medicaid Directors and the federal Centers for Medicare and Medicaid Services (CMS) established an M&M Technical Advisory Group to promote data integration, policy changes and pilot projects based on the comprehensive benefits available for dually eligible seniors.

Private Long-Term Care Insurance

In recent years, private LTC insurance policies have been improved to the point that price and benefits have become somewhat more attractive to individuals and employee groups. These policies now include a full range of home care, community-residential and nursing home options. An LTC benefit option has just been added to the insurance program for the huge federal employee work force. While the current number of policies sold remains very small, insurance companies and consumer advocates are lobbying the congress to make LTC insurance premiums tax deductible. Such an action could quickly boost sales among the middle and upper classes that would appreciate the value and could afford the initial premium. It might also kick-start public debate about how to provide public insurance coverage for those unable to afford these private sector premiums and who otherwise must spend down to poverty before qualifying for Medicaid.

Washington State Long-Term Care Policy

Budget cuts (every biennium in memory) have constrained the regular investments needed to strengthen and expand AASA's Long-Term Care Options program. On the positive side of the ledger, the Medicaid nursing home caseload has continued to fall from the 16,000 level to the 13,000 level in the last several years. Washington continues to absorb demographics-driven LTC demand in the more cost-effective home/community care sector.

The public voted overwhelmingly last year for the Quality Home Care Initiative (I-775). As a result, a new stakeholder-run Home Care Authority is being created. The Authority will be the "employer of record" for individual providers (IP), who will have an opportunity to organize and bargain for wages, benefits, and working conditions.

The 2002 legislature passed a supplemental budget that avoided both LTC eligibility cuts and nursing home administrative reductions. The Area Agencies on Aging received additional funding for in-home case management. Vendor rate increases were reduced from 2.3% to 1.5%. Home care workers were provided a 25-cent/hour-wage increase by the legislature, which was later vetoed by the Governor.

DSHS Service Integration Initiative

Secretary Braddock has called for strategic planning out to the year 2009. A priority-planning theme is the integration of services to better serve clients, save money and streamline administrative functions. This theme includes data integration, program coordination within the department and closer collaboration with community partners.

Washington Medicaid Integration Project (WMIP)

Secretary Braddock has charged the Assistant Secretaries of Aging & Adult Services (AASA), Medical Assistance (MAA), and Health & Rehabilitative Services (HRSA) to collaborate on a major strategic initiative to coordinate health and long-term care services for high-risk Medicaid clients jointly served by their administrations. The goal is to prevent or delay the progression of chronic illness and disability and to achieve significant savings in the fast-growing Medicaid

budget. MAA, AASA, and HRSA together account for 73% of the DSHS budget. The aged/blind/disabled population is only 19% of the MAA caseload, but account for 38% of the MAA budget. This same population accounts for two-thirds of the entire Medicaid budget and four-fifths of the prescription drug component.

Long-Term Care Budget Challenge

AASA's Long-Term Care Options program is based on limiting unnecessary nursing home capacity and utilization, while expanding the use of cost-effective home/community care. This strategy requires a continuity of investment in quality assurance, case management, information technology and support services (such as nursing) to complement the personal care provided in home and community-residential settings.

This strategy also requires reasonable payment rates for provider agencies and, most especially, higher wages for the low-income workforce, which is the mainstay of the system. Without these regular incremental investments, quality service options will suffer. Without viable home/community, options the LTC system may tilt back toward even higher cost nursing home utilization. The nursing home sector itself (while limited in overall size) also requires a reliable workforce to maintain quality of care for both short and long-stay clients.

The state budget, with its limited revenue streams and competing priorities, will be hard-pressed to finance the anticipated growth in Medicaid long-term care demand. Pending some LTC policy and finance reform at the federal level, the State of Washington faces the challenge of balancing LTC options, quality, and value within severe budget constraints. The preferred approach will be to tighten eligibility standards (if necessary) in order to protect the fundamental integrity of the service delivery system.

[Attachment B]

Long-Term Care Stakeholders

PRIMARY CUSTOMERS

- Adults with chronic illness, cognitive and functional disability eligible for Medicaid
- Older Americans (age 60 plus, no means test, federal Older Americans Act)
- Current and potential residents of licensed residential care facilities (resident-focused quality oversight for Medicare, Medicaid and private-pay populations)
- General public with interest in the development of a sound long-term care system

PRIMARY BUSINESS PARTNERS

- State Legislature determines policy direction and provides funding for LTC
- Governor's Office, OFM, Secretary Braddock provide executive leadership
- Federal Centers for Medicare & Medicaid Services (CMS) provides Medicaid matching funds for state plan and COPES Waiver services and sponsors the nursing home and ICF/MR quality assurance programs
- Federal Administration on Aging (AOA) provides Older Americans Act funds and sponsors the Area Agency on Aging program
- Area Agencies on Aging (AAA) provide local community-based advocacy, planning, Senior Information and Assistance and gap-filling services, help manage the Medicaid long-term care program and have delegated responsibility for home care case management and quality oversight
- The Quality Home Care Authority (created by I-775) will be the employer of record for individual providers (IP) of home care and plays a complementary role in ensuring the quality and accountability of in-home care services
- Medical Assistance Administration (MAA) manages the medical benefits which complement long-term care benefits for AASA Medicaid clients, writes policy for Medicaid financial eligibility determination and cooperates in the development of managed health/LTC projects such as Providence ElderPlace
- Health and Rehabilitative Services Administration (HRSA) co-sponsors (with AASA) the Long-Term Care Executive Coordinating Committee which coordinates long-term care policy and program management within the department (DSHS)
- AASA has a significant number of clients with mental health needs that require a working relationship with HRSA's state/local mental health system. AASA also coordinates with HRSA's Division of Developmental Disabilities regarding shared clients and residential care provider issues.

PRIMARY STAKEHOLDERS

AASA Stakeholders Forum

Invitation List

1. State Council on Aging (Florence Stier)
2. Senior Citizens Lobby (Don Shoemaker, Gene Forrester, Allen Morrow)
3. AARP (Ed Singler, Jo Senters, Pam Caldwell)
4. ARC of Washington/DDD Consumers (Sue Elliott)
5. Developmental Disabilities Council (Ed Holen & Donna Patrick)
6. Washington Advocates for the Mentally Ill (Eleanor Owen)
7. Alliance for Mentally Ill of Washington (Tom Richardson)
8. Governor's Committee on Disabilities & Employment (Toby Olson)
9. State Independent Living Council (Cathy Baldwin)
10. Disability Initiative Advisory Committee (Dave Brown)
11. Washington Protection & Advocacy System (Mark Stroh)
12. Wash. Assoc. of Independent Living Councils (Sara Jane Siegfriedt)
13. LTC Ombudsman (Kary Hyre & Louise Ryan)
14. Wash. Assoc. of Area Agencies on Aging (Pam Piering & Richard Dorsett)
15. Home Care Assoc. of Wash. (Donna Cameron, Gail McGaffick & Jay Crosby)
16. Association of Home Care Services (Nick Federici & Cecile Henault)
17. Quality Home Care Authority (Charley Reed)
18. Washington State Catholic Conference (Sr. Sharon Park)
19. AFH Assoc. of Washington (Bill Day)
20. Washington State Residential Care Conference (?)
21. Assisted Living group NORALFA (Lauri St. Ours, Terry Kohl, Jane Davis)
22. Washington Adult Day Services Assoc. (Sara Myers & Nora Gibson)
23. Wash. Health Care Association (B. Williams, M. Neeld, B. Walter, D. Ganders)
24. WA. Assoc. Housing & Services for the Aging (Karen Tynes, Harry Steinmetz)
25. Washington State Hospice Organization (Anne Koepsell)
26. Providence Health System (Chuck Hawley, Vicki Austin, Jo Isgrigg)
27. Governor's Human Service Policy Office (Kari Burrell)
28. Service Employees (SEIU) (Suzanne Wall, David Rolf, Jonathan Rosenblum)
29. Office/Professional Employees (OPEIU) (Cindy Schu, Shelby Mooney)

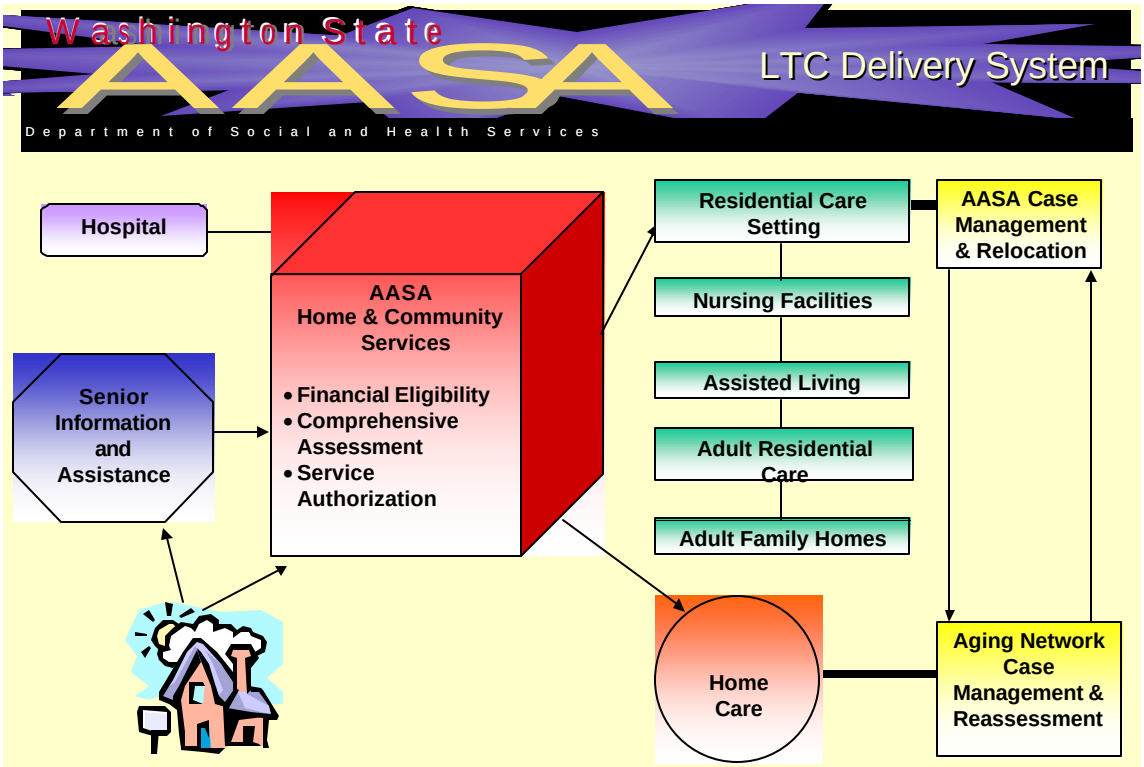
30. Jewish Federation of Greater Seattle (Lucy Pruzan)
31. Citizens for Improvement of Nursing Homes (?)
32. Resident Councils of Washington (Sharon McIntyre & Hilke Faber)
33. WA Association of Public Housing Authorities (Allan White)
34. Alzheimer Association of Washington (Mark Buckley)
35. Washington State Hospital Association (?)
36. Washington State Association of Counties (Jean Wessman)
37. Catholic Community Services (Peter Nazzal)
38. DSHS/Medical Assistance Administration (Susan Fleskes)

[Attachment C]

STATUTORY AUTHORITY STATEMENT

- The Federal Older American's Act authorizes a network of local Area Agencies on Aging (w/citizen advisory councils), as well as home/community services.
- Title XIX of the Social Security Act authorizes nursing facility services and the COPES Waiver authorizes alternative home and community-based services.
- Titles XVIII & XIX of the Social Security Act authorize Nursing Facility Survey to ensure consumer protection and quality of care.
- RCW 18.51 authorizes the nursing facility license functions.
- RCW 74.46 authorizes the nursing facility payment system.
- RCW 74.42 authorizes nursing facility case management associated with voluntary relocation of residents who wish to be served in community settings.
- RCW 74.39 & 74.41 authorizes in-hospital LTC assessment.
- RCW 74.39A authorizes COPES Medicaid Waiver, assisted living, personal care, chore services, Adult Residential Care and LTC quality improvement.
- RCW 70.128 authorizes the Adult Family Home program.
- RCW 74.39A authorizes in-home case management by Area Agencies on Aging.
- RCW 74.39A.230/240 authorize the Home Care Quality Authority.
- RCW 74.38 (The State Senior Citizens' Services Act) authorizes home and community-based services. RCW 74.41 authorizes Respite Services and the Family Caregiver Support Program.
- RCW 74.34 governs protection of vulnerable adults from abuse and neglect.
- E2SHB 1908 authorizes reduction of unnecessary nursing facility use and expansion of home and community-based services.
- RCW 18.188A authorizes delegation of selected nursing functions.

[Attachment D]

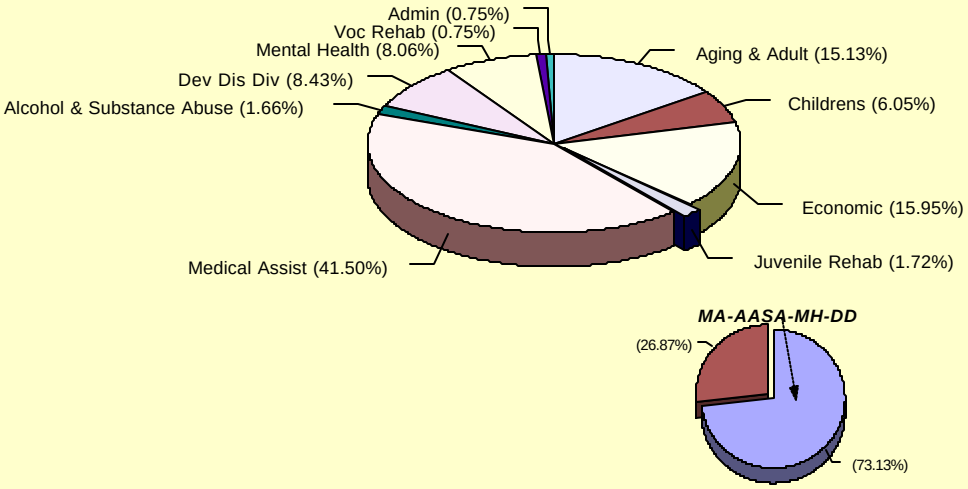


[Attachment E]

Washington State AASA Department of Social and Health Services

Profile of Budget & Caseload

DSHS BIENNIAL BUDGET
(FY 2001-2003)



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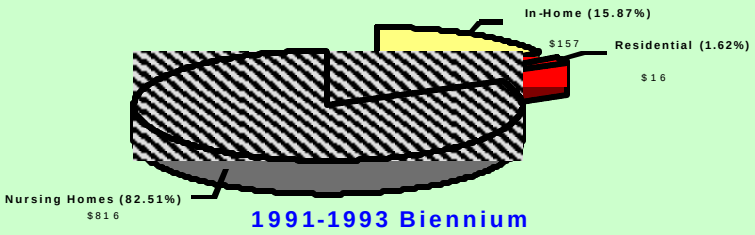
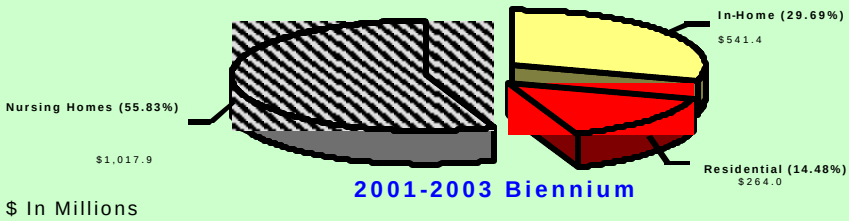
Washington State AASA Department of Social and Health Services

LTC Budget Shifts

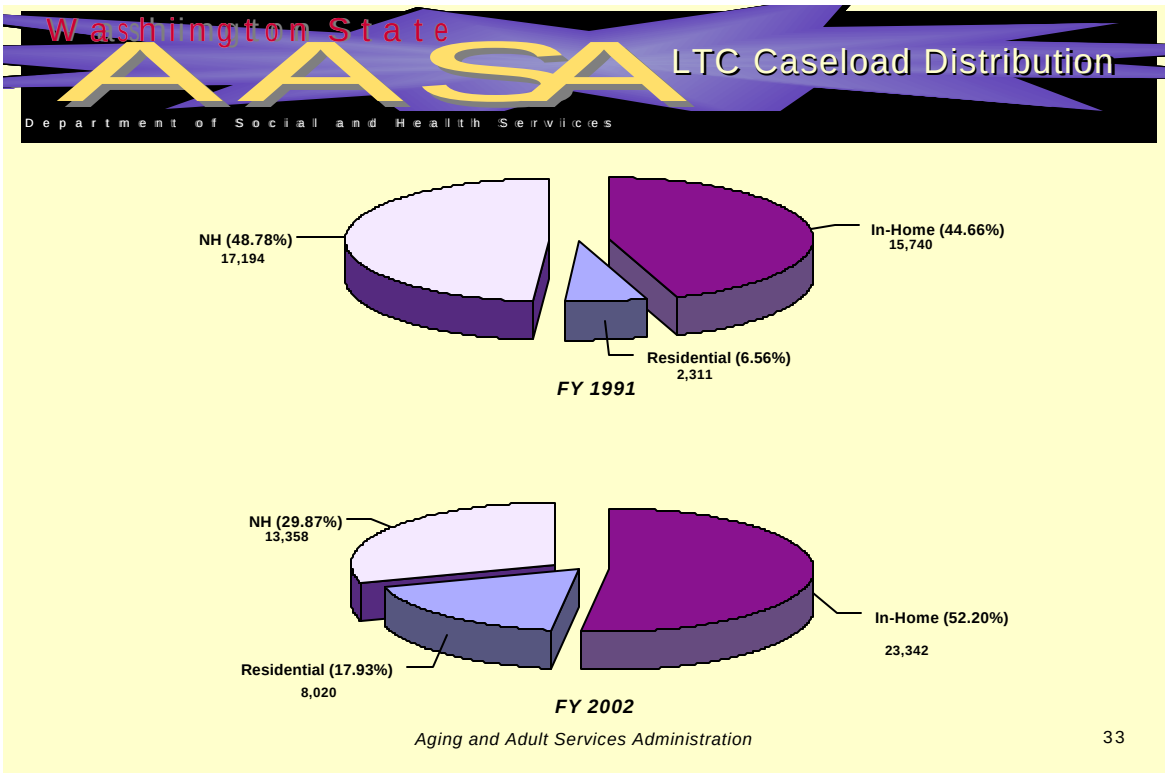
AASA LONG-TERM CARE SERVICES EXPENDITURES

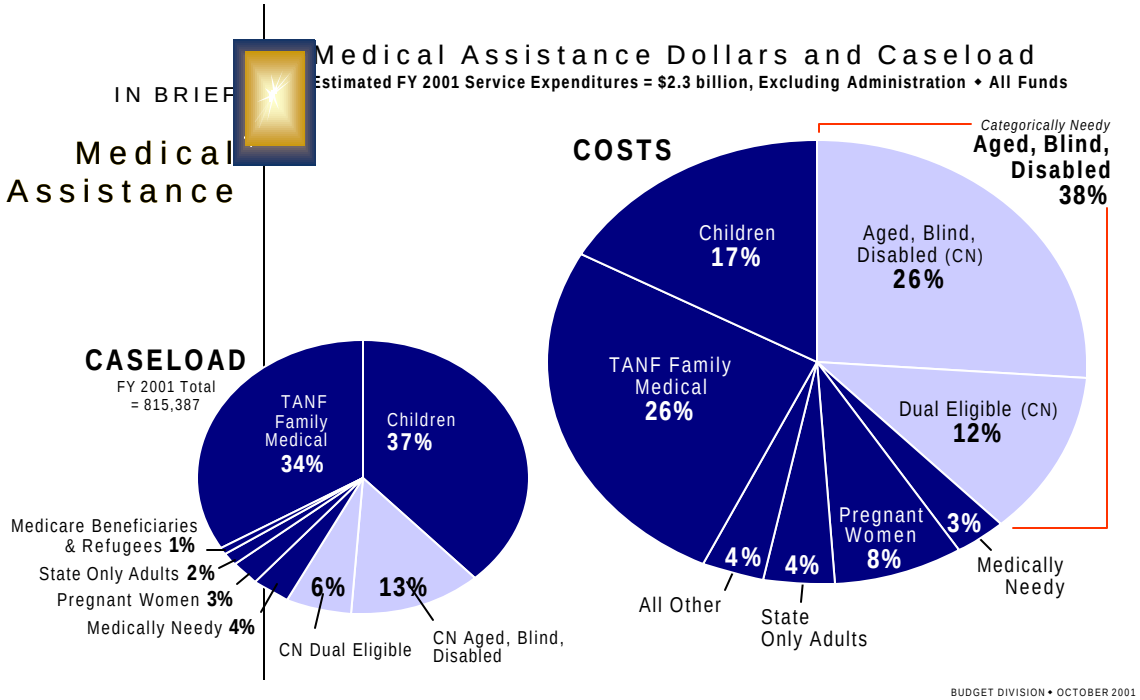




$ In Millions

Aging and Adult Services Administration 34


Washington State
AASA
Department of Social and Health Services
LTC Caseload Distribution
NH (48.78%)
17,194
In-Home (44.66%)
15,740
Residential (6.56%)
2,311
FY 1991
NH (29.87%)
13,358
In-Home (52.20%)
23,342
Residential (17.93%)
8,020
FY 2002
Aging and Adult Services Administration
33


IN BRIEF
Medical Assistance
Medical Assistance Dollars and Caseload
Estimated FY 2001 Service Expenditures = $2.3 billion, Excluding Administration • All Funds
COSTS
Categorically Needy
Aged, Blind, Disabled 38%
Children 17%
Aged, Blind, Disabled (CN) 26%
TANF Family Medical 26%
Dual Eligible (CN) 12%
Pregnant Women 8%
3%
Medically Needy
4%
All Other
4%
State Only Adults
CASELOAD
FY 2001 Total = 815,387
TANF Family Medical 34%
Children 37%
Medicare Beneficiaries & Refugees 1%
State Only Adults 2%
Pregnant Women 3%
Medically Needy 4%
6%
CN Dual Eligible
13%
CN Aged, Blind, Disabled
BUDGET DIVISION • OCTOBER 2001

[Attachment F]

Long-Term Care Acronyms

- Department of Social and Health Services - DSHS
- Aging & Adult Services Administration - AASA
- Medical Assistance Administration - MAA
- Health & Rehabilitative Services Administration - HRSA
- Mental health/chemical dependency services - MH/CD
- Mental Health Regional Support Network - RSN
- Long-Term Care - LTC
- Area Agencies on Aging - AAA
- Hospital emergency room - ER
- Aged/blind/disabled Medicaid clients - A/B/D
- Comprehensive assessment (client needs) - CA

Exhibit 2—Rural Service Delivery

The state of Washington has decided to adopt the definition of Rural used by NAPIS. Using that definition allows analysis of service levels in rural areas from NAPIS reports.

> ***Rural*** -- Beginning with FY-97, the AoA is introducing a standard definition for rural for purposes of SPR reporting. A rural area is: any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.

Rural Service Delivery—Outreach and Special Efforts in Rural Areas

The west side of Washington State becomes more urban every day. However, major rural areas exist on both sides of the state. More than 80% of the population is urban. This means that the rural areas are less populated as a percentage of the total population, and in absolute population.

The major problems of rural service are those of transportation, housing, and methods of providing services when the number of persons to be served is declining, and becoming further apart. If, for instance, it takes 50 participants to support a meal site, or a service, and the distance to include this number has increased twofold within the last few years then what was once a five-mile drive is now a ten-mile drive.

Many of the small communities have no way to access capital markets for housing or other infrastructure needs. Often the smaller places do not have doctors or medical personnel to provide even critical care until transportation to a medical center in a large town or city. Routine care is put off because of few transportation resources. In addition, the Managed Care Plans have collapsed in the eastern and northern parts of the state. About half of the counties in the state have no Medicare supplement policies available.

The AAA's with large rural areas are coping by using a variety of strategies such as supporting meal sites and specialized transportation. They are to some degree helping the process of "closing" down the smallest of towns by finding alternative living places in larger towns and cities as people are no longer able to meet their needs in the very isolated areas. In addition, case managers are able to check on the very isolated and provide support for these elders to maintain their lifestyle as long as possible.

Outreach via case managers and Information and Assistance is very important.

Funding via the funding formula provides for Rural emphasis

Washington's funding formula includes a factor based on square miles in each PSA. The area agencies are required to demonstrate how they have used their funds for rural service delivery. The percentage of course is a percentage of the total state funding. The reports of rural services under NAPIS will be monitored and can be converted to a dollar amount for rural activities in each AAA.

Most of the AAAs are also adding transportation funds from various sources, such as SCSA and volunteer chore drivers to increase the transportation in their areas .

Exhibit 3 —Direct Services

Area Agency on Aging	Can do Case-Management	Can do I & A	Can do Outreach
Olympic	Yes	Yes	Yes
Northwest	Yes	Yes	Yes
Snohomish	Yes	Allowed, but does not presently provide directly	Yes
King	Yes	Allowed, but does not presently provide directly	Yes
Pierce	Yes	Allowed, but does not presently provide directly	Yes
L/M/T	Yes	Yes	Yes
South West WA	Yes	Yes	Yes
Central WA	Yes	Yes	Yes
South East WA	Yes	Yes	Yes
Yakama Nation	Yes	Yes	Yes
Eastern WA	Yes	Allowed, but does not presently provide directly	Yes
Colville Indian	Yes	Yes	Yes
Kitsap	Yes	Yes	Yes

Exhibit 4—Grievance Procedures

Policy and Procedure Manual

SECTION VI - Grievances and Hearings

POLICY 1: AASA must provide an opportunity for a hearing to an AAA when AASA disapproves the area plan or a plan amendment submitted by the AAA, and to an applicant for designation as a PSA whose application is rejected (also see Chapter 2).

A. The hearing procedure shall be governed by the Administrative Procedure Act (Chapter 34.05 RCW) and Chapter 388-02 WAC. All AAA or PSA applications for a hearing shall be written to the department's Office of Administrative Hearings. The application must be filed with thirty (30) days of the date the department first gave notice of the aggrieving action to the AAA or PSA.

A copy of the application shall be sent to the unit of the department, which gave notice of the aggrieving action to the AAA. The application shall:

1. State specifically the issue or issues and regulation or regulations involved and the basis for considering the aggrieving action to be in error.

2. Include any supporting documents.

3. Include a copy of the department decision being appealed or a description of that decision.

POLICY 2: AAAs must have a complaint resolution process and provide an opportunity for a hearing to any service contract applicant or subcontractor whose application to provide services under an area plan is denied or whose subcontract is terminated except as provided in 45 CFR Part 74.

A. AAAs must establish written procedures for the hearing, resolution, and possible referral of subcontractor grievances, which must be strictly followed.

1. All Requests for Proposals (RFP) must incorporate subcontractor grievance procedures to assure notification to subcontractors.

2. All subcontractor grievances must be submitted in writing to the AAA by the subcontractor or its representative. A hearing date must be set within forty-five (45) days of receipt of the request. All parties required to participate in the hearing must be notified in writing of the hearing date at least ten (10) days prior to the hearing. Written response to all parties must be made at least within fifteen (15) days after the hearing.

3. AAAs should explicitly state in RFPs that the appeal process allows for an adjudicative proceeding at the state level (after a local hearing) for the OAA and other DSHS-funded subcontracts.

B. A service contract applicant or subcontractor under a contract with a local AAA has the right to an adjudicative proceeding. The adjudicative proceeding shall be governed by the Administrative Procedures Act (Chapter 34.05 RCW) and Chapter 388-08 WAC.

1. Only issues that couldn't be resolved through the AAA complaint resolution process can be appealed to an adjudicative proceeding.

2. All service applicant or subcontractor requests for adjudicative proceedings must be in writing to the department's Office of Administrative Hearings. The appeal shall be filed within thirty (30) days of the date the local AAA mailed the complaint resolution determination to the service contract applicant or the subcontractor. A copy of the appeal shall be sent to the local AAA. The appeal shall:

   a. State specifically the issue or issues and regulation or regulations involved and the basis for considering the complaint resolution determination to be in error;

   b. Include any supporting documentation;

   c. Include a copy of the complaint resolution determination being appealed.

3. The department has the right to intervene in any adjudicative proceeding. To intervene, the department shall:

   a. File a written a notice of intervention with the Office of Administrative Hearings or the presiding officer.

   b. Serve a copy of the notice to the parties.

   c. Include in the notice the name, address, and telephone number of the department employee and/or assistant attorney general who represents the department.

POLICY 3: AAAs must establish client grievance procedures at the subcontractor and AAA level with referral procedures to AASA. Grievances should be resolved at the lowest possible level before being referred to AASA. Grievance procedures must cover both eligibility determination and client satisfaction issues.

A. Clients have the right to an adjudicative proceeding before the DSHS under the Administrative Procedures Act (RCW 34.05) and WAC 388-02 on issues pertaining to service eligibility.

Clients must be notified by the subcontractor and the AAA of his/her right to an adjudicative proceeding and how and where to apply for such proceeding.

B. Clients have the right to a hearing regarding service delivery and service satisfaction issues.

1. Clients must be notified by the subcontractor of his/her right to a hearing before the subcontractor regarding service satisfaction or service delivery issues.

2. The subcontractor must also notify the client of his/her right to request a hearing by the AAA if not satisfied with the resolution made by the subcontractor. The AAA must notify the client of his/her right to a hearing by AASA if not satisfied with the resolution made by the AAA.

3. All client grievances must be submitted in writing to the appropriate point by the client, his/her representative or involved agency. A hearing date must be established within fifteen (15) days of receipt of the grievance. All parties who will participate in the hearing shall be notified in writing of the hearing date within five (5) days of the hearing. Written response to all parties must e made within fifteen (15) days after the hearing.
4. All client grievances hearings should be formal; procedures for hearing grievances, documenting information taken, referring the grievance to the next level and/or resolving the grievance should be written clearly and concisely

C. All clients receiving services through a Department of Health (DOH) licensed home care agency have a right to lodge a complaint with the DOH, as well as the home care agency and the AAA.

Clients must be notified by the subcontractor/vendor of his/her right to file a complaint with DOH, DSHS, and the AAA. All applicable phone numbers (preferably 1-800) will be made available to clients at the onset of service delivery.

Exhibit 5—Quality Control for In-Home Services

DRAFT

June 27, 2002

MB-AASA-AAA-HCS-RCS-DDD-02-

MANAGEMENT BULLETIN

TO: Home and Community Services Regional Administrators

Area Agency on Aging Directors

SUBJECT: **QUALITY ASSURANCE MONITORING**

COPES Waiver as Authorized Under Section 1915 (C) of the Social Security Act #17 requires that the State of Washington have a formal system in place for monitoring the quality standards outlined in the waiver and that all problems identified by monitoring are addressed.

Attached is the 2002 Quality Assurance monitoring schedule. Both Home and Community Services and the Area Agencies on Aging throughout the State of Washington will be monitored.

The site for the audits have been selected as follows:

Home and Community Services: The monitoring will take place at the site where the Regional Administrator's office is located.

Area Agency on Aging: The monitoring will take place at the site where the Area Director's office is located.

Prior to the arrival of the monitoring team, the selected offices will be contacted with instructions regarding which files will be monitored. Both a random and target population will be selected. It will be the responsibility of the Regional office and Area office to have files transferred from satellite or subcontractors offices prior to or shortly after the monitoring begins. The QA monitoring team will work with the supervisor or designated staff if and when it becomes necessary to pull additional files during the actual monitoring visit.

The QA team will hold an entrance conference with the Regional Administrator/AAA Director and their management team. For AAA's, the State Unit on Aging Liaison and AASA fiscal manager will also participate. During that conference, the QA team will discuss their role in the monitoring process, expectations, timelines, and answer questions.

During the monitoring visit, time will be scheduled with the Regional Administrator/AAA Director and their management team to review the trends identified in last years monitoring efforts to learn what they have been doing up to this point to address issues identified at that time.

During AAA monitoring visits, the State Unit of Aging liaison will coordinate a time with AAA Directors to follow-up on case management and contract management issues that were identified during the 2001 monitoring visits. Teri Comstock, AASA fiscal manager, will be following up on fiscal issues that were identified in 2001.

The monitoring visit will conclude with an exit interview. On the last day of monitoring, the QA team will present the preliminary results of the reviews, including strengths, weaknesses, and

potential compliance issues to the Regional Administrator/AAA Director and their management team. The team will indicate the expected date of the follow-up monitoring. Efforts and decisions will be made at the exit interview as to how this will be facilitated with each Regional HCS and AAA.

Individual file reports will be returned with the files reviewed on a daily basis to HCS/AAA management so as to minimize the impact on staff's ability to work on cases that are being reviewed by the QA team.

The monitoring schedule was developed with consideration to monitoring both the Home and Community Services and the Area Agency on Aging that reside in the same geographical area within the same time frame. The schedule also includes the opportunity for the AAA liaison and the AASA fiscal manager to be available. The AAA liaison may participate in monitoring files.

Please reserve conference room space for 3 – 10 people to review files for each day. The conference room should have electrical outlets available, as well as, ports for Internet access. The attached schedule will identify the minimum number of people who will be monitoring and number of days expected to complete the monitoring. Additional time may be needed to complete the monitoring.

Address inquiries to: Lorrie Mahar, Program Manager
Quality Assurance Unit
E-mail: MaharLA@dshs.wa.gov
Telephone: (360) 725-2604

2002 Quality Assurance Monitoring Schedule

PSA 1 – Port Hadlock — July 15- July 19 Conference room space for 6 60 case files estimated for review* Entrance conference: July 15 Exit interview target: July 19 SUA Contact: Bea Rector	**PSA 5 – Lakewood— Oct. 7 – Oct. 18** Conference room space for 7 145 case files estimated for review* Entrance conference: Oct. 7 Exit interview target: Oct. 18 SUA Contact: Bea Rector
PSA 7 – Vancouver—July 16- July 24 Conference room space for 6 70 case files estimated for review* Entrance conference: July 16 Exit interview target: July 24 SUA Contact: Bea Rector	**HCS 5 – Tacoma—Oct. 7 – Oct. 11** Conference room space for 6 65 case files estimated for review* Entrance conference: Oct. 7 Exit interview target: Oct. 11
PSA 6 – Olympia—July 29 – August 6 Conference room space for 6 70 case files estimated for review* Entrance conference: July 29 Exit interview target: August 6 SUA Contact: Bea Rector	**PSA 13 – Port Orchard—Oct. 14 – Oct. 17** Conference room space for up to 6 40 case files estimated for review* Entrance conference: Oct. 14 Exit interview target: Oct. 17 SUA Contact: Bea Rector
HCS 6 - Tumwater—July 29 – August 6 Conference room space for 8 85 case files estimated for review* Entrance conference: July 29 Exit interview target: August 6	**PSA 9 – Yakima—Nov. 4 – Nov. 15** Conference room space for 10 100 case files estimated for review* Entrance conference: Nov. 4 Exit interview target: Nov. 15 SUA Contact: Dan Dowler
HCS 4 – Seattle—August 12 – August 28 Conference room space for 5 105 case files estimated for review* Entrance conference: August 12— Exit interview target: August 28	**HCS 2- Yakima —Nov. 4 – Nov. 12** Conference room space for 6 60 case files estimated for review* Entrance conference: Nov. 4 Exit interview target: Nov. 12
PSA 3 – Everett—Sep. 9 – 20 Conference room space for 5— 85 case files estimated for review* Entrance conference: Sep. 9 Exit interview target: Sep. 20 SUA Contact: Kim Kelly	**PSA 10 – Toppenish—Nov. 13 – Nov. 14** Conference room space for 4 10 case files estimated for review* Entrance conference: Nov. 13— Exit interview target: Nov. 14 SUA Contact: Dan Dowler
HCS 3 - Mt. Vernon—Sep. 9 – Sep. 13 Conference room space for 8 55 case files estimated for review* Entrance conference: Sep. 9 Exit interview target: Sep. 13	**PSA 8 – E. Wenatchee——Dec. 2 – Dec. 6** Conference room space for 6 55 case files estimated for review* Entrance conference: Dec. 2— Exit interview target: Dec. 6 SUA Contact: Dan Dowler
PSA 2 – Bellingham—Sep. 16 – 19 Conference room space for 8— 55 case files estimated for review* Entrance conference: Sep. 16 Exit interview target: Sep. 19 SUA Contact: Kim Kelly	**HCS 1 – Spokane—Dec. 2 – Dec. 10** Conference room space for 7 75 case files estimated for review* Entrance conference: Dec. 2— Exit interview target: Dec. 10
PSA 11 – Spokane—Dec. 9 – Dec. 20 Conference room space for 10 55 case files estimated for review* Entrance conference: Dec. 9— Exit interview target: Dec. 20 SUA Contact: Dan Dowler	**PSA 12 – Nespelem—Dec. 17 – Dec. 19** Conference room space for 3— 10 case files estimated for review* Entrance conference: Dec. 17— Exit interview target: Dec. 19 SUA Contact: Dan Dowler

Exhibit 6—Funding Formula

The funding formula approved in 1994 is as follows:

Factor	Weight
Age 60+ Population	25%
Age 60+ at or below poverty level population	30%
Age 60+ minority Population	12%
Age 60+ limited English speaking	5%
Age 60+ needing assistance with ADL's	18%
Square miles in the PSA	10%

Funding Formula Calculation

The funding formula is revised when the new census is complete. The funding formula for the 1990 census was updated in 1993. The new funding formula was prepared with input from the Washington Association of Area Agencies on Aging (W4A) and was phased in over three years. The formula is calculated as follows:

1. Census information is calculated for each Area Agency on Aging (AAA) by the following categories:

Total population of 60+
60+ population at or below poverty
60+ minority population
Square miles in each AAA service area
60+ Limited English Speaking
60+ needing assistance with Activities of Daily Living (ADLs)

2. Data from #1 is calculated as a percent of the total by category, for each AAA.

3. Percent from #2 is multiplied by weighted coefficients as listed below. These weights were determined by a series of meetings and discussions with AAA's, the State Council on Aging, legal service attorneys, and DSHS management staff, resulting in a Total Factor by AAA. The weighed averages are as follows:

Total population of 60+ 25%
60+ population at or below poverty 30%
60+ minority population 12%
Square miles in each AAA service area 10%
60+ Limited English Speaking 5%
60+ needing assistance with ADLs 18%

4. An annual base allotment is determined as follows:

$175,000 is allotted to all AAA's with 10,000 or more persons 60 years and older
$43,750 is allotted to all AAA's with fewer than 10,000 persons 60 years and

older
An additional allotment of $10,000 is made to all multi-county AAA's, except Indian Nations, for each county over one.

5. These allotments are split proportionately between Title 3B, Title 3C, and SCSA.

6. The total annual base allotments (from #4 above) are subtracted from the total grant award by funding source (Title 3B, $4,900,372 - 543,323 = $4,357,049).

7. The weighted percent factor from #3 is multiplied by the adjusted grant award amount ($4,357,049) calculated in #6 above.

8. The annual base allotments are added to the figure calculated in #7 above resulting in the amount allocated to Title 3B by AAA.

9. The same process is used to allocate all Title 3 funds, SCSA, and Respite.

10. Title VII funds have also used this method after a holdback by Headquarters. (Normally $20,000)

Funding Distribution By Intra-State Formula
2000 Census At 100%

TOTAL DOLLARS TO BE DISTRIBUTED = $6,149,113
MULTI-CO. BASE= ($543,323) @ $2,370/County
BALANCE = $5,605,790

Base Non-Indian AAA's = $41,475
Base Indian AAA's = $10,369

AAA	INITIAL BASE	MULTI-CO BASE	TOTAL BASE	TOTAL FACTOR	FACTOR ALLOTMENT	III B 2002 TOTAL ALLOTMENT
Olympic	$41,475	$7,110	$48,585	5.00	$280,036	$328,621
Northwest	$41,475	$7,110	$48,585	6.25	$350,216	$398,801
Snohomish	$41,475	$0	$41,475	7.70	$431,427	$472,902
King	$41,475	$0	$41,475	26.94	$1,510,187	$1,551,662
Pierce	$41,475	$0	$41,475	10.29	$576,613	$618,088
L/M/T	$41,475	$4,740	$46,215	5.39	$301,944	$348,159
South West WA	$41,475	$9,480	$50,955	6.93	$388,706	$439,661
Central WA	$41,475	$11,850	$53,325	6.84	$383,605	$436,930
South East WA	$41,475	$16,590	$58,065	10.69	$599,090	$657,155
Yakama Nation	$10,369	$0	$10,369	1.09	$60,917	$71,286
Eastern WA	$41,475	$9,480	$50,955	9.40	$526,874	$577,829
Colville Indian	$10,369	$0	$10,369	0.47	$26,308	$36,677
Kitsap	$41,475	$0	$41,475	3.03	$169,867	$211,342
TOTALS	$476,963	$66,360	$543,323	100.00	$5,605,790	$6,149,113

2000 Census
Aging And Adult Services Administration
Intra-State Funding Formula

AAA	2000 POP 60+	2000 POVERTY	2000 MINORITY	2000 MILES	2000 L E S	1990 ADL/IADL NO$LIMIT
Olympic	44,074	3,373	3,466	6,376	1,164	3,756
Northwest	61,603	4,118	5,929	4,252	2,596	5,476
Snohomish	74,550	5,783	8,494	2,098	3,889	6,792
King	239,857	17,723	50,522	2,131	20,237	23,722
Pierce	95,391	6,861	16,584	1,676	4,619	10,258
L/M/T	55,941	3,409	5,068	4,126	1,836	4,512
South West WA	66,743	4,771	5,126	5,612	3,226	5,728
Central WA	39,616	3,245	6,549	16,125	4,987	3,438
South East WA	75,556	6,635	14,059	10,880	8,458	8,269
Yakama Nation	3,606	576	2,341	2,137	830	486
Eastern WA	82,392	6,781	5,409	9,216	2,100	8,691
Colville Indian	1,152	223	760	1,580	25	109
Kitsap	32,742	1,972	3,806	393	793	3,294
TOTALS	873,223	65,469	128,113	*66,602	54,759	84,531

***As shown the total minority population is 66,602, we believe there are 11,132 who are low income.**

2000 Census
Funding Formula Variables By Percent
For Each Area Agency On Aging

AAA	POP 60+	POVERTY	MINORITY	MILES
Olympic	5.04728	5.15197	2.70561	9.57329
Northwest	7.05467	6.28976	4.62760	6.38419
Snohomish	8.53734	8.83259	6.62977	3.15006
King	27.46801	27.07127	39.43534	3.19960
Pierce	10.92401	10.47958	12.94478	2.51644
L/M/T	6.40627	5.20700	3.95618	6.19501
South West WA	7.64329	7.28717	4.00143	8.42617
Central WA	4.53676	4.95631	5.11175	24.21098
South East WA	8.65254	10.13434	10.97394	16.33585
Yakama Nation	0.41295	0.88020	1.82743	3.20861
Eastern WA	9.43539	10.35711	4.22177	13.83742
Colville Indian	0.13193	0.34130	0.59337	2.37230
Kitsap	3.74956	3.01141	2.97102	0.59007
TOTALS	100	100	100	100

2000 Census Funding Formula Variables By AAA
Showing Variable Factors And Total Funding Factor

AAA	POP 60+	POVERTY	MINORITY	MILES	L E S	ADL IADL	Total Factors (Rounded)
Olympic	1.26	1.55	0.32	0.96	0.11	0.80	5.00
Northwest	1.76	1.89	0.56	0.64	0.24	1.17	6.25
Snohomish	2.13	2.65	0.80	0.32	0.36	1.45	7.70
King	6.87	8.12	4.73	0.32	1.85	5.05	26.94
Pierce	2.73	3.14	1.55	0.25	0.42	2.18	10.29
L/M/T	1.60	1.56	0.47	0.62	0.17	0.96	5.39
South West WA	1.91	2.19	0.48	0.84	0.29	1.22	6.93
Central WA	1.13	1.49	0.61	2.42	0.46	0.73	6.84
South East WA	2.16	3.04	1.32	1.63	0.77	1.76	10.69
Yakama Nation	0.10	0.26	0.22	0.32	0.08	0.10	1.09
Eastern WA	2.36	3.11	0.51	1.38	0.19	1.85	9.40
Colville Indian	0.03	0.10	0.07	0.24	0.00	0.02	0.47
Kitsap	0.94	0.90	0.36	0.06	0.07	0.70	3.03
TOTALS	25.00	30.00	12.00	10.00	5.00	18.00	100.00

Age 60+ population	25
Age 60+ at or below poverty	30
Age 60+ minority	12
Square miles in the AAA service area	10
Age 60+ limited-English speaking	5
Age 60+ needing assistance with activities of daily living (no income limit)	18
TOTAL FACTORS	100

Funding Formula Factors
1990 to 2000 Compared

	1990 TOTAL FACTOR	Difference 1990 Census to 2000 Census
Olympic	5.035180	(5.035180)
Northwest	5.763077	(5.763077)
Snohomish	6.383239	(6.383239)
King	28.218542	(28.218542)
Pierce	10.462939	(10.462939)
L/M/T	5.382748	(5.382748)
South West WA	6.563413	(6.563413)
Central WA	6.862106	(6.862106)
South East WA	10.467678	(10.467678)
Yakama Nation	1.305875	(1.305875)
Eastern WA	10.090135	(10.090135)
Colville Indian	0.482332	(0.482332)
Kitsap	2.982736	(2.982736)
TOTALS	100.0000	(100.0000)

Exhibit 7—State Elder Rights and Legal Assistance Development Program

IN GENERAL—The state agency shall, in consultation with the area agencies on aging, establish a program to provide leadership for improving the quality and quantity of legal and advocacy assistance as a means for ensuring a comprehensive elder rights system.

COORDINATION AND ASSISTANCE—the state agency shall coordinate, providing assistance to, area agencies on aging and other entities in the state that assist older individuals in—

Understanding the rights of the individuals; exercising choice; benefiting from services and opportunities promised by law; maintaining rights of older individuals, and in particular, those with reduced capacity, and solving disputes.

FOCAL POINT—the agency shall be a focal point for elder rights policy review, analysis, and advocacy at the state level, including issues of—

Guardianship, age discrimination, pension and health benefits, insurance, consumer protection, surrogate decision-making, protective services, public benefits, and dispute resolution;

LEGAL ASSISTANCE DEVELOPER—the state shall provide an individual as a state legal assistance developer, and other personnel, sufficient to ensure—

State leadership in securing and maintaining legal rights of older persons;

Capacity for coordinating the provision of legal assistance;

Capacity to provide technical assistance, training and other supportive functions to: area agencies on aging, legal assistance providers, ombudsmen, and other persons as appropriate; and

Capacity to promote financial management services for older individuals at risk of conservatorship or guardianship;

PROVIDE TECHNICAL ASSISTANCE—to area agencies on aging and legal assistance providers to enhance and monitor the quality and quantity of legal assistance to older individuals, in developing plans for targeting services to reach the individuals with greatest economic and social need (with particular attention to low-income minority individuals);

EDUCATE AND TRAIN—professionals, volunteers, and older individuals concerning—elder rights, the requirements and benefits of specific laws, and methods for enhancing the coordination of services; —individuals who are or who might become guardians or representative payees of older individuals, including information on—

The powers and duties of guardians or representative payees; and alternatives to guardianship;

PROMOTE DEVELOPMENT OF—

Pro bono legal assistance programs,

State and local bar committees on aging,

Legal hot lines,

Alternative dispute resolution,

Programs and curricula related to elder rights and benefits in law schools and institutions of higher education, and

Other methods to expand access by older individuals to;

Legal assistance, Advocacy, and Vulnerable elder rights protection activities.

DO PERIODIC ASSESSMENT—of the status of elder rights in the State,

Including analysis—

Of unmet need for assistance in resolving legal problems and benefits-

Related problems, methods for expanding advocacy services, the status of substitute decision-making systems and services (including— guardianship, representative payees, and advance directives),

Access to courts and the justice system, and Implementation of civil rights and age discrimination laws in the State; and

Of problems and unmet needs identified in programs established under title III and other programs; and

CONSULT AND ENSURE THE COORDINATION—of activities with legal assistance services provided under title III, services provided by the Legal Service Corporation, services provided under other State or Federal programs administered at the State and local levels that address the legal assistance needs of older individuals;

IDENTIFY VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES- provided by the entities under this chapter and coordinate the activities—developing working agreements with—

State entities, including the consumer protection agency, the court system, the attorney general, the State equal employment opportunity commission, the Department of Veterans' Affairs other appropriate State agencies; and

Federal entities, including the Social Security Administration, the Health Care Financing Administration, the Department Veterans' Affairs, and other entities.

STANDARDS AND REPORTING PROCEDURES- refine in coordination with area agencies on aging and legal assistance providers, statewide standards for the delivery of legal assistance to older individuals.

1) The Title VII, Elder rights area is also discussed at the Access to Justice Conference which is sponsored by the Washington State Bar. This three-day conference is held annually and brings together lawyers, judges, and **consumers** to determine how to improve the access to justice in the state.
2) This organized group discusses legal needs of the Justice System, and comments on the plans and needs of elders are received in the various committees and meetings.

3) One of the outcomes of this has been the legal needs survey that we have contributed $20,000 to insure that questions about the legal needs of elders was addressed. This will be done in 2002 and 2003 and we will develop plans to address the findings at that time.

Exhibit 7A—Description of Elder Abuse Services

4) The next exhibit is a Fact Sheet prepared by AASA shows how the Adult Abuse program functions in Washington state. This program does not use Title VII money, and has been increased due to several high profile cases.

5) The Title VII funding is of two parts. One part goes to the Ombudsman via the Department of Community Trade Economic Development, The other is given to the AAA's none of which have any direct Adult Abuse Program. The APS staff are state staff funded by the state. The AAA's are responsible for referrals and for education.

6) Washington State provides Ombudsman services through a contract with a non-profit agency, via Department of Community Trade Economic Development (DCTED). The State Unit on Aging and AASA have no direct control over either entity. We do have a program manager who reviews that there is no diminution of funding, and that limitations are not placed on the Ombudsman's activities

7) The Ombudsman has a total budget of over one million dollars, and is comprised of the LTCO and assistants, and training staff. There is a contract with an attorney. The paid Regional Ombudsman and their volunteers are generally located in the Area Agencies, but some may be in community Action Agency Offices. The program is active in all regions of the state and looks into Nursing Homes, Boarding Homes, and Adult Family Home complaints.

8) The State ensures that the program meets the OAA requirements for adherence to State law, coordination with existing State adult protective services activities by spreading the Title VII money among the AAA's according to the Funding formula less a holdback for statewide projects such as the Supreme Court's legal needs study. In addition:

   a) Area Agencies do public education to identify and prevent elder abuse,

   b) As shown by the Fact Sheet AASA receives 30,000 reports of elder or vulnerable adult abuse each year,

   c) The AAA's solicit active participation of older individuals for programs under the OAA through outreach, conferences, and referral,

   d) State law requires referral of complaints to law enforcement by the department and to the department by a group of mandated reporters to public protective service agencies.

5. The state continues to do caregiver training and workshops for family and other unpaid caregivers.

Title VII non-supplantation rule

The State policy as expressed in this plan will be to make sure that the Title VII non-supplantation rule will be carried out by the AASA monitoring that this will be done by the contract agencies.

No additional restrictions

Washington State will follow the requirement that no additional restrictions will be established for the designation of local ombudsman entities. Though this plan the AASA adopts the policy that no additional restrictions will be placed on the designation of ombudsman entities and the AASA will monitor that this will be done.

Aging and Adult Services Administration

November 2001

Fact Sheet

Protection of Vulnerable Adults

Long-Term Care

*By law, Chapter 74.34 RCW, a **vulnerable adult** is defined as:*

- *Anyone over the age of 60 unable to care for themselves;*
- *An adult living in a nursing home, boarding home, or adult family home;*
- *An adult with a developmental disability;*
- *An adult with a legal guardian;*
- *An adult receiving personal care services in their own or family's home.*

1-866-EndHarm
(1-866-363-4276)

Aging and Adult Services Administration (AASA) receives and investigates reports of abuse (physical, mental, verbal & sexual), neglect, self-neglect, exploitation and abandonment of vulnerable adults.

In 2000, AASA received almost 30,000 reported concerns about quality of life or quality of care, including suspected abuse, neglect, exploitation, and abandonment of vulnerable adults. These numbers include self-reports from mandated reporters such as nursing homes, adult family homes, and boarding homes.

Reporting Suspected Abuse or Neglect

By law, certain professionals must report suspected abuse. Mandated reporters include law enforcement officers, employees of social service, mental health, or welfare agencies, long-term care providers and employees, school employees, health care providers, and contracted Individual Providers caring for a DSHS client. All mandated reporters should call the proper DSHS phone number directly to make their report. DSHS recently made it easier for the **general public** to report suspected abuse by establishing the toll-free number 1-866 EndHarm (1-866-363-4276.) Complaints are confidential.

Suspected abuse or neglect in a nursing home, boarding home, or adult family home

Calls about suspected abuse or neglect in a nursing home, boarding home, or adult family home go to the Complaint Resolution Unit (CRU) in AASA Residential Care Services (RCS) Division at 1-800-562-6078.
Fourteen RCS nurses investigate complaints in the adult family home and

The facility is responsible to ensure safe and quality care for each resident. RCS holds the facility responsible throughout the complaint investigation process.

*Statewide, every day AASA receives an average of **82** calls about abuse or neglect.*

RPP's four investigators investigate allegations made against nursing home employees.

Regional APS Reporting Numbers

Region 1:1-800-459-0421
Region 2: 1-877-389-3013
Region 3: 1-800-487-0416
Region 4: 1-800-221-4909
Region 5: 1-800-442-5129
Region 6 1-877-734-6277

Approximately 1/3 of all APS investigations are on behalf of vulnerable adults under age 60 living in the community

boarding home setting. Another fourteen nurses investigate complaints in the nursing homes.

Calls received by CRU are screened daily and assigned a priority:

Priority 1 complaints need immediate investigation because of an alleged uncorrected life-threatening situation, or a situation that reflects an immediate risk of substantial harm or injury to a resident. These complaints are investigated within two working days of receipt and often require action on the weekend or during evening hours.

Priority 2 complaints reflect a significant threat of risk or harm to a resident's physical or mental health or safety. These complaints are investigated within ten working days of receipt.

Priority 3 complaints commonly involve allegations of failure on the facility's part to provide general care and services. These complaints are investigated within 45 working days of receipt.

If an investigation shows that the facility has failed to provide safe quality care to residents, AASA actions can range from work with the facility (to correct problems and ensure against repetition) to citation, fine, or stop placement. When appropriate, AASA can forward information to other agencies such as local law enforcement.

Resident Protection Program in facilities

Since 1996, the Resident Protection Program (RPP) has investigated 1107 allegations of abuse, neglect, and misappropriation by nursing home employees. A department finding of guilt prevents that person from working in nursing homes on a permanent basis.

Investigations have included rape, physical and verbal assault, neglect, and financial exploitation as well as cases of a more insidious nature such as resident intimidation, humiliation or harassment. Many times RPP made findings where criminal convictions or licensing actions were not possible. Since 1996, investigations have resulted in 179 final findings (121 of abuse, 15 of neglect and 43 of misappropriation).

Suspected abuse or neglect of a person living at home

Reports of suspected abuse or neglect about a person in the community are directed to the regional Home & Community Services office (numbers are listed on the left). Reports are prioritized, and social workers investigate each level 1. An APS investigator will make a home visit, usually unannounced, interview other people who may have information, and offer protective services as soon as the investigator determines that the vulnerable adult needs protection.

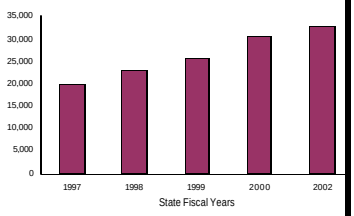
Legal remedies can include a report to law enforcement, vulnerable adult protection orders, an injunction to prevent access to an alleged victim, guardianship, or referral for legal assistance. Social remedies can include case management, in-home care services, placement into a long-term care facility, referral to other agencies, and consultation or evaluation.

The vulnerable adult or legal representative must give written consent

for protective services and may end the services at any time. No coercion may be used

APS conducts an investigation at no charge and without regard to the income of the alleged victim. Some protective services may be provided without cost.

Reports to AASA are Increasing



Below are types of complaints investigated and the numbers substantiated statewide in one year.

3/2000-3/2001 APS Allegations

	Investigated Statewide	Substantiated Statewide
Physical Abuse	1,521	320
Financial Exploitation	2,621	345
Neglect	2,543	308
Abandonment	103	25

For more information contact Kathy Leitch
Assistant Secretary
Aging and Adult Services Administration
360/902-7797
leitckj@dshs.wa.gov

Website **www.aasa.dshs.wa.gov**

Two new brochures

Partners Against Adult Abuse: A Reporting Guide for Mandatory Reporters, DSHS 22-810(x)
We Are All Partners Against Adult Abuse, DSHS 22-495(x)
You can order copies of the brochures by sending to the DSHS Warehouse an e-mail (DSHSFPW@dshs.wa.gov), FAX (360/664-0597) or written request (DSHS Warehouse, P. O. Box 45816, Olympia, WA 98504-5816) with the name of the brochure, the publication number (DSHS 22----[x]), and how many you want. Be sure to include your mailing address.

Photo by Carole Huff

As shown there is no coercion to accept services, and the complaints are confidential with referral of complaints to law enforcement or public protective service agencies.

Exhibit 8—Methods to Carry out Service Preference

SERVICES TO LOW-INCOME MINORITY INDIVIDUALS

Minority populations in Washington State fall into several groups. Each may have different cultures, needs, and languages.

As shown the total minority population is 66,602, we believe there are 11,132 who are low income.

Native Americans

There are 28 federally recognized tribes in Washington, two of which (Yakama and Colville) are designated as Area Agencies on Aging. There are also unrecognized tribes and urban individuals of Native American Indian descent who are not members of local tribes.

Hispanic

Washington has a large and increasing Hispanic population that is largely rural in the eastern part of the state and mixed rural and urban in the western part of the state.

Asians/Pacific Islanders

There are urban populations of Asians, as well as a growing group of East Indians, and others of lesser numbers.

Refugee Populations

Refugees, many from the former USSR, various South Americans, and Africans, make up a mostly urban group. Following the traditional American experience of two to three generation assimilation this diverse group of different cultures joins groups already present, and sometimes makes new groups.

African Americans

African Americans make up the third largest group of minorities. The poverty rate of the group is less than that of the Native American Indians, but greater than that of the majority.

Strategies

There are obvious strategies in use around the state. Liaison with tribes is very important. Finding and establishing relations with various ethnic groups is very important. Translation of often used materials helps. The state normally translates documents and publications into Spanish, Korean, Laotian, Chinese, and Vietnamese. As an example of the diversity of needs, one health care clinic in Seattle regularly uses 27 languages. Use of professional interpreters, and bilingual staff is a good strategy.

The more successful AAA's are providing technical assistance to minority groups and providers to successfully fill out Requests for Qualifications and Proposals. They are piloting meal sites with ethnic meals. Korean and Mexican meals are widely available. Of-

ten ethnic meals are served one day per week at meal sites. This is a good way to increase minority participation and bring people together for education and delivery of information.

Other methods include forums, teaching cultural awareness to HCS and AAA staff, increasing the bilingual staff available, and setting up task forces. Use of professional certified interpreters is mandated for the department.

The state role has consisted of monitoring these efforts, having a minority coordinator on staff, monitoring the success of AAAs in the provision of services to ethnic minorities in their area, and helping set up minority providers.

Area agencies are required to address minority service in the area plans and there is monitoring of their efforts.

The sum of the effort can be described as persistent and ongoing.

Outreach to Native American Elders

Several statewide efforts have been implemented starting with the reorganization of the Indians affairs Office and raising the new director to cabinet rank within the department.

In addition, the State Council on Aging has elected Joe Sampson Sr. of the Yakima tribe as chairman, and the SUA in cooperation with the Indian policy Affairs Council is developing a conference around Elder Abuse and sovereignty. We hope this training and networking will make the interface of the tribes and the Area Agencies more friction free.

Each Area Agency is required to address their efforts in the Area Plan. As they develop, what are called Section 7.01 plans which are to be incorporated in to the Area Plan. This progress will be monitored.

Exhibit 8B— Indian Outreach

American Indian Policy
(DSHS Administrative Policy 7.01)

SUBJECT:	**American Indian Policy**
INFORMATION CONTACT:	**Office of Indian Policy and Support Services MS: 45105 (360-902-7818) Office of the Secretary**
AUTHORIZING SOURCE:	**May 15, 1996**
EFFECTIVE DATE:	**May 15, 1998**
REVISED:	**Kenneth Hardin, Assistant Secretary for**
APPROVED BY:	**Management Services**

PURPOSE:

This policy is to state the department's commitment to planning and service delivery to American Indian governments and communities.

SCOPE:

A. The Office of Indian Policy and Support Services (IPSS) is charged with the overall co-ordination, monitoring, and assessment of department relationships with American Indian governments, communities and participants.

B. All department staff are charged with implementation of the American Indian Policy in consultation with the Office of IPSS.

C. The Department's American Indian Policy follows a government-to-government approach to establishing policies and procedures for working with American Indian tribes. This is in compliance with the Washington State 1989 Centennial Accord and current federal Indian policy as outlined by Executive Directive signed by the president in 1995 that promotes Government-to-Government relationships with American Indian tribes.

POLICY:

A. The department shall provide necessary and appropriate social and health services to people of American Indian governments, landless tribes, off-reservation American Indian communities and participants in a manner which is in harmony with agency philosophy and compliments and complies with: treaties, executive orders, state/federal laws, court cases, and state/federal policies related to American Indian people.

B. To ensure implementation of this policy, continued exchange of information, and resolution of issues with Indian tribes and organizations, the department shall maintain the standing, Indian Policy Advisory Committee (IPAC). IPAC shall be composed of various American Indian leaders designated by their respective American Indian tribe or organization and appointed by the Secretary. The Director of IPSS, IPSS staff, and various American Indian Liaisons of the Department of Social and Health Services (DSHS), designated by Administrators or Division Directors, will serve as staff support to the committee. The Secretary of DSHS will communicate with the committee and review their comments and recommendations.

C. In making policy on Indian issues, the department shall consider:

1. The sovereignty of American Indian tribes.

2. The unique social/legal status of American Indian tribes under the Supremacy Clause and Indian Commerce Clause of the United States Constitution, federal treaties, executive orders, Indian Citizen's Act of 1924, Indian Child Welfare Act of 1978, The Centennial Accord and other relevant statutes, and federal/state court decisions.

3. Recognition of the unique American Indian property ownership and income rights related to the trust status of land and communal ownership of tribal assets consistent with WAC 388-216-2300.

4. American Indian self-determination and self-governance without the termination of the unique status of American Indian tribes.

5. Recognition of elected tribal governments as the political governing bodies of sovereign American Indian tribes.

6. The department's support and cooperation in the areas of planning, program development, administration, and service delivery with the governments of American Indian tribes, landless tribes, Canadian Indian tribes, representatives of off-reservation American Indian organizations, and Alaska Native organizations.

7. Cooperation and coordination with the Governor's Office of Indian Affairs.

D. Each Administrator is responsible for the following objectives:

1. To ensure the opportunity for, involvement, and consultation of tribal governments, landless tribes, off-reservation American Indian organizations, and American Indian participants to provide meaningful input in department relations, plans, budgets, policies, manuals, and operational procedures that affect American Indian people.

2. To ensure programs and services provided recognized tribes, landless tribes, off-reservation American Indian communities and individuals are culturally relevant and in compliance with this policy.

3. To ensure that programs and services provided to reservation and off-reservation American Indian communities are in harmony with department philosophy and are based on goals and objectives designed to address American Indian social and health needs as defined by cooperative agreements with the respective communities.

4. To ensure the agency and contractor/licensee is in compliance with all American Indian-related sections of the Washington Administrative Code and manual material pertaining to the specific area of authority of the administration.

5. To make measurable efforts to utilize American Indian organizations and social and health providers when providing services to American Indian tribes, communities and participants.

6. To conduct periodic evaluations of the above responsibilities to identify progress and outstanding issues.

7. To initiate contact with the Office of IPSS for consultation and recommendations to the planning of policy and procedures, which will have a unique or special effect on American Indian governments, communities and participants prior to decisions being made.

8. To develop a relevant data collection process in conjunction with ISSD, ORDA, and other stakeholders. This data should show statewide and tribal specific patterns.

9. To appoint and provide culturally specific training to tribal liaisons if and when the administration, division or program has significant contact with American Indian tribes or communities.

10. To develop policies outlining sanctions for failing to comply with any or all of the DSHS American Indian Policy.

11. To develop specific, written protocols establishing how each individual program or administration is going to work cooperatively with other administrations to coordinate services and contracts with American Indian tribes and other communities, to further the purposes and goals of the DSHS American Indian Policy.

E. By April 2 of each even-numbered year, prior to the development of the biennial budget request, each administration shall develop a biennial service plan for American Indian tribes, communities and participants, and shall submit the plan to the Director of IPSS. The biennial service plan is to be regional and headquarters specific. The purpose of the plan is to establish fiscal needs and/or possible administrative or legislative changes, and shall include, but not be limited to:

1. Pertinent statistics on American Indian community and participant populations, numbers of American Indian participants served, and all other relevant data.

2. Descriptions of American Indian employment patterns as they relate to: affirmative action, participant populations, at risk populations and other service delivery considerations.

3. Description of any local tribal-state agreements, protocols, or other similar documents. in effect.

4. Method and frequency of communication with tribal governments, landless tribes and off-reservation American Indian organizations for purposes of information sharing, joint planning, and problem solving, including a current listing of all department and American Indian contact people.

5. Descriptions of how American Indian participants and community needs, relevant to specific program and Indian policy objectives, have been met, or not met, and how is the administration working toward developing a positive working relationship, by implementation of the plan.

6. Descriptions of outstanding issues and gaps in services. Suggest recommendations for meeting needs and resolving outstanding issues, and translate those needs into specific performance expectations which can be implemented, monitored, and evaluated.

7. Description of how the administration will facilitate training of DSHS staff on major principles of federal American Indian law.

F. By April 2 of each odd-numbered year, each administration shall submit to the Director of IPSS a biennial updated report on the status of the division plans.

G. All DSHS local and statewide contractors are subject to this policy. Division Administrators and their regional program representatives for contracted services are responsible for ensuring implementation of the DSHS Indian Policy.

H. The Office of IPSS shall:

1. Advocate for the relevant delivery of departmental services to American Indian communities and participants.

2. Provide consultation to management, regional program representatives and DSHS contractors in achieving the agency's American Indian Policy commitments, and assist in achieving policy objectives.

3. Monitor departmental services related to American Indian issues on an agency-wide basis, bring issues to the attention of the appropriate administrator for efficient resolution, and recommend specific actions to resolve issues in compliance with this policy.

4. Provide consultation, technical assistance, and monitoring services to administrative staff and programs, regional administrators and directors, regional coordinat-

ing councils, contractors and field staff.

5. Provide Consultation and information on an ongoing basis with American Indian tribal governments, landless tribes, off-reservation American Indians, and Alaska Native communities in order to keep them advised of departmental matters, secure their input, and ensure thorough consideration of all suggestions and recommendations. (Includes former H.3.)

6. Provide staff support to the standing IPAC Committee for meetings, implementing plans/reports and developing departmental recommendations.

7. Provide consultation to each administration and regional field services staff in the development of biennial plans for services to American Indian communities and participants.

8. The director of IPSS shall schedule reviews of the biannual American Indian policy plan or update with each administration. On the basis of these reviews, the director shall work with administrators to resolve issues of concern.

9. Ensure timely access to all DSHS services for American Indian communities described in this policy.

Exhibit 9—Caregiver Support Program

AASA's goal has been to develop a coordinated caregiver support program, linking existing infrastructure, and network of services with new programs/services. To this end, AASA allowed flexibility in the modes of delivery of the core services, based on local needs and resources, working with local providers and stakeholders to determine what method would be most effective.

- Several policy decisions were part of the implementation framework:
    - Since a strong respite program already exists, AASA put a 25% lid on respite care expenditures in the first year of the state program and then increased it to 35% in year two and for the National Family Caregiver Support Program.
    - AASA required the AAAs to identify how their Family Caregiver Support Program would be different from existing AAAs services, such as traditional Information and Assistance services.
    - AASA would expect that all core services would be developed-either directly with program funding or through collaboration with other community providers.
    - Common core service definitions were developed.
- In the fall of 2000, AASA requested plans from AAAs which focused on:
    - identifying local family caregiver needs
    - defining current caregiver activities by AAA or other public/private local agencies
    - identifying culturally relevant services for caregivers and how programs would serve caregivers from different ethnic groups and Limited English Speaking individuals
    - a plan for outreach distinguishing how the program will help people who do not recognized themselves as caregivers
    - showing evidence of working cooperatively with other agencies and groups and a detailed description of the core services to be implemented.
- In March 2001, a plan document was requested to address the various NFCSP requirements. Included were how the individual components of counseling, support groups and training would be delivered, methods used to target caregivers in the greatest social and economic needs and how the AAAs program could reach and provide services to grandparents and relatives raising children as well as to older caregivers providing services to persons with a Developmental Disability.
- The Family Caregiver Contact Form was developed by reviewing other states' models and forming a committee with AAA staff to design a process and format by which Caregiver Information and Assistance staff can document caregiver's needs, primary health conditions of care recipient, ethnicity and language spoken and referrals to appropriate caregiver and long term care services. The form has undergone several revisions to incorporate both the state and national criteria.
- For Washington State's program – which targets caregivers serving all age care recipients confronting a wide spectrum of diseases and disabilities – the reach to the caregiver community is extremely broad. Challenges relate to outreach and service delivery and demands a great systems, resource and knowledge capacity on the part of staff and service providers.
- Use of the OAA funding formula for allocating monies to AAAs, based on population, results in limited funding in some areas. The more rural areas have difficulty creating a comprehensive support program particularly in a resource-limited environment with inadequate funds available.

- Getting the word out to family caregivers can be challenging. Local programs are sometimes hesitant to initiate large media campaigns for fear of not being able to meet the demand.
- With different eligibility categories for caregivers and care recipients established for our state and federally funded Family Caregiver Support Program, local programs are burdened with additional service complexities and reporting hardships.

In progress are projects or plans to:

- Develop statewide caregiver publicity campaign.
- Enhance AASA Website with caregiver resources and information.
- Create greater opportunities for AAAs and caregivers providers to share models and address common challenges.
- Develop master training program for Powerful Tools for Caregiving.
- Address caregiver assessment issues.
- Provide in-depth caregiver training for Information and Assistance staff.
- Strengthen the integration of family support services within established long-term care system and referral process.
- Address effective methods to serve special or hard to reach populations including, caregivers providing care to persons with a Developmental Disability or mental illness, geographically isolated populations, and ethnic communities.

Amounts of Funds to be used in each area and Objectives:

Information, which includes Outreach Activities 15%

- Each Area Agency on Aging has established an entry point for caregivers to access the Family Caregiver Support Program (FCSP). In addition, websites, Family Caregiver Resource Centers, and dedicated phone lines are among the methods used to provide caregivers with the resources they need.
- *An estimated 7000 caregivers will be reached with outreach and information on the FCSP each year*

Assistance-15%

- Each AAA has contracted out or is using in-house Information and Assistance and/or Case Management staff to provide family caregivers access to services they need now or help problem solve what resources they may need in the future. This assistance is provided in the office or in the caregivers' homes.
- *An estimated 5,000 caregivers will be served each year.*

Support Groups-7%

- All (but one) of the AAAs are providing funding, mentoring, or staffing to local caregiver support groups. They are also providing caregivers with referrals to the existing support groups. Several AAAs are developing support groups for kinship caregivers and for the children they are raising.
- *An estimated 800 caregivers will be served through support groups each year.*

Caregiver Training — 10%

- The FCSP provides a variety of training opportunities for caregivers including: caregiver retreats, one on one in-home training, caregiver conferences or the six-week series of the Powerful Tools for Caregiving classes.
- In addition, many AAAs are providing scholarships to unpaid caregivers to attend the 22-hour *Fundamentals of Caregiving* class and 10 hours of related continuing educations classes, which is our state's mandatory training for paid service providers.
- *An estimated 3000 caregivers will receive training each year*

Counseling—8%

- AAAs are providing counseling on a one-on-one basis in-home or in the office. In a couple of cases, counseling is targeted to male caregivers.
- One program offers family counseling to older grandparents and other relatives who are raising children.
- *An estimated 300 caregivers will receive counseling each year.*

Respite 20%

- Almost all of the FCSPs provide respite in-home, through adult day centers and through institutional settings, e.g. nursing homes.
- Adult day programs through several AAAs provide respite services to Latino, Asian-Pacific Islanders, and Chinese persons.
- *An estimated 1000 caregivers will receive 38,000 hours of respite services each of the next two years.*

Supplemental Services — 15%

- AAAs are providing supplies, assistive equipment, environmental modifications, legal assistance, translations assistance and homemaker services under this core service.
- A number of AAAs are also providing specialized transportation to help caregivers who are unable to drive take a break outside of the home or to attend a support group.
- *Because this category contains so many different services with various reporting units, it is difficult to estimate a single number of units of service or number of caregivers.*

Objectives for the National Family Caregiver Support Program

Over the course of the next two years:

Each AAA will provide a multi-faceted system of caregiver support services, providing four to five FCSP core services to local caregivers.

The statewide percentage of funds to support older grandparents and other relatives raising children will increase from six and one-half percent to eight and one-half percent.

There will be increased coordination of AAAs with Tribes regarding FCSP as a result of joint educational and networking opportunities as well as joint conferences.

The State will work in collaboration with AAAs to provide trainers for the Powerful Tools for Caregiving six-week class series in three-quarters (or nine) of the Planning and Service Areas.

A statewide identity for the FCSP will be created and utilized (on websites, on an FCSP awareness campaign and other outreach materials) to support greater and easier access to the program for caregivers throughout the state.

The FCSP will be better integrated into the long-term care home community based service system through the integration of screening and assessment forms to increase referrals and access of caregivers to the program.

The caregiver support pilot projects to demonstrate innovative models for diverse (ethnic, rural and kinship) communities will have funding for six additional projects.

Results to date include:

Family Caregiver Support Program Core Service Component Highlights

Outreach

AAAs addressed the need for new innovative outreach approaches particularly for those caregivers who do not identify themselves as caregivers and for caregivers in local ethnic communities.

- Northwest AAA created a *Community of Faith Caregiving Curriculum.*
- The Southeast AAA is developing video novellas for electronic Spanish-speaking media.
- King County Housing Authority is doing workshops in senior housing projects.
- Yakama Indian Nation AAA's caregiver specialist is conducting a survey in households where a person with a disability resides with an unpaid caregiver. The tribal radio station runs a daily advertisement on the Family Caregiver Support Program.
- AAA Caregiver staff will present information to faith based organizations and parish nurses, mobile home parks, food banks, hospital discharge planners, and local businesses.
- Several AAAs are collaborating with gatekeepers such as meter readers and mail delivery persons to identify caregivers for program.
- Local conferences for English and Spanish-speaking caregivers are bringing attention to the issue of caregiving and related services.
- The Southwest Washington AAA will distribute caregiver magnets that advertise the caregiver support services and the phone number to call.
- Most AAAs are utilizing local TV and radio, and print media in English and other lan-

guages to advertise events, trainings and services.

- In Seattle, a quarterly health newsletter with caregiving news items will be sent to Asian families by the Kin On Family Support Center.
- Central Washington AAA, which serves Washington's most sparsely populated region, identified access as a significant issue and responded with a specialized caregiver information and assistance effort.
- Kitsap County AAA has focused on integration. It utilizes a one-stop model to address the needs of caregivers.
- Many of the AAAs are expanding the existing role of respite case managers to that of a "family caregiver/resource specialists" involving in-home assessment, consultation, and assistance in accessing needed services.

Information & Assistance

Innovation in I & A has been constant, and the AAA's are taking on new challenges for the Caregiver Support Program

- Seattle-King County AAA contracts with Kin On Community Health Care to address the culturally specific and complex needs of Asian caregivers in the area.
- Several of the AAAs are developing web sites targeting family caregivers that offer information on community resources as well as interactive components such as "Ask the Expert" or a "Caregiver Forum" where questions can be answered on-line. A bilingual caregiver website in Chinese and English is under development.
- Research has shown that older male caregivers often underutilize available support services. Aging and Long Term Care of Eastern Washington offers targeted outreach, specific needs profile assessment, and service delivery focusing on male caregivers.
- Many of the AAAs are developing centrally located lending libraries equipped with videos, CD ROMs, computers, books, manuals, and brochures to serve caregivers.

Respite Care

Washington State's 1984 Respite program offers in-home and out-of-home respite care for all levels of care for persons 18+. Both the state and federal FCSPs make available additional monies for respite care.

- Northwest AAA's "night support" program delivered through an out-of-home respite facility for those families coping with difficult evening or night behaviors.
- Aging and Disability Services' new emergency respite care service authorized by Crisis Clinic staff.
- Southwest Washington AAA's program which is offering adult day care services for caregivers attending classes, caregiver alliance meetings and/or attending support groups.
- Pierce County AAA's contracts with adult family homes to provide emergency respite on weekends.
- Adult day programs through several AAAs that provide respite services to Latino, Asian-Pacific Islanders, and Chinese persons.

Caregiver Training

Training has long been a staple of the AAA's. The specialty and diverse training needed by Caregivers is ongoing.

- Snohomish County AAA offers one-to-one training to teach techniques such as transfers as well as consultation on legal, financial, self-care, and emotional issues.
- Pierce County AAA provides one-to-one caregiver training by registered nurses (RN), occupational and physical therapists, mental health specialists, dieticians, or attorneys.
- Central Washington AAA offers caregiver training on a one-to-one basis with the agency's RN and on a group basis through five one-day family caregiver conferences in their six-county area.

- Southwest Washington AAA is collaborating with businesses in hosting on-site caregiver training and individualized consultations for working caregivers.
- Lewis/Mason/Thurston AAA offers training specifically for elderly parents of persons who have a developmental disability.
- Many AAAs are providing scholarships to the informal caregivers to attend the 22-hour *Fundamentals of Caregiving* class, which is mandatory training for paid service providers.
- Six AAAs, collaborating with AASA, received training in the *Powerful Tools for Caregiving* curriculum. AASA hopes to expand this group of trainers through a "master training" program.
- A number of AAAs are providing re-parenting, options for legal custody, and systems navigation training for kinship caregivers.

At least six AAAs are creating caregiver training in languages other than English.

Counseling & Support Groups

AASA started and has supported several Kinship care support groups. This has spread.

- Aging and Disability Services in Seattle providers to offer counseling, including brief therapy and individual consultation including problem solving and follow-up.
- Northwest AAA is creating a Caregiver Mentoring program.
- Olympic AAA developed a peer-counseling program for family caregivers.
- Pierce County AAA is providing family counseling, and legal consultation regarding custody and financial issues for Kinship caregivers.
- Several AAAs are developing support groups for kinship caregivers and for the children they are raising.
- Many AAAs are either developing or enhancing caregiver support groups.

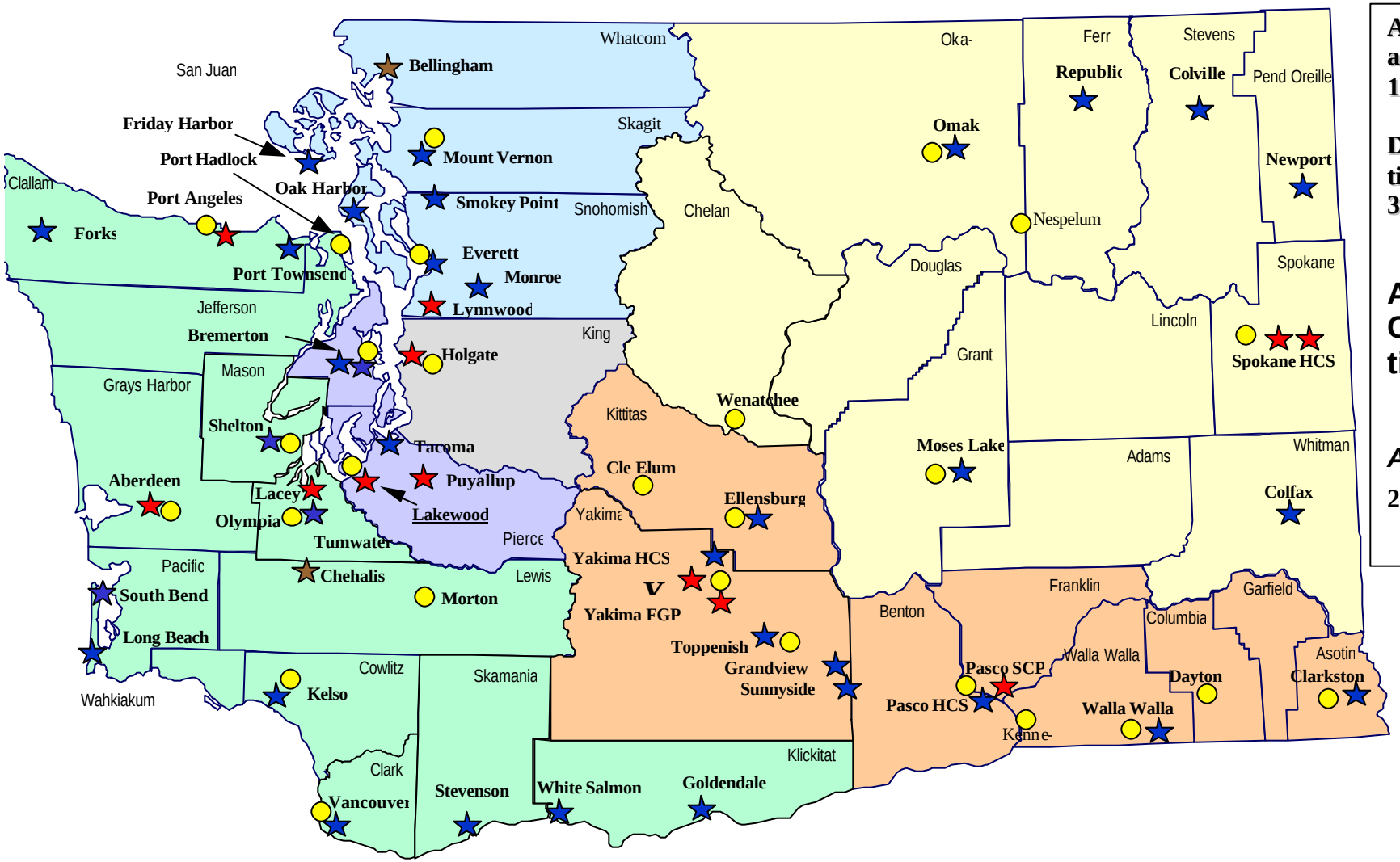
Supplemental Services

This is a new service and is being used with in new ways.

- AAAs are providing supplies, assistive equipment, and environmental modifications.
- Pierce County AAA allows caregivers up to $500 annually for professional consultations; bath assistance; specialized transportation; adaptive equipment and medical supplies; and intensive hands-on training by a registered nurse for caregivers dealing with problematic illnesses afflicting recipients.
- Southwest Washington AAA provides caregivers up to $1000 to purchase homemaker services, companion attendant services, assistive technology, incontinence or other caregiving supplies, and transportation to medical appointments.
- Lewis/Mason/Thurston AAA offers help purchasing medical equipment and translation assistance.
- Eastern Washington AAA is expanding their loan closet where caregivers can borrow items like walkers, shower benches, canes, and hospital beds. They are also offering estate planning on an individualized basis as well as in group education sessions.
- Several AAAs are offering homemaker services so that caregivers can be relieved of their daily chores such as laundry, cleaning, etc.
- A number of AAAs are providing specialized transportation to help caregivers who are unable to drive take a break outside of the home.

Washington State AASA
Department of Social and Health Services

AAA Locations



AASA Stand alone offices 12

DSHS Collocations 35

AASA AAA Collocations 2

AAA Offices 27

Exhibit 11 — Response to Comments from Area Agencies on Aging

Two sets of comments were received. The first was from the Washington Association of Area agencies, (W4A) in which they suggested and we have responded as follows:

Comment:

1. W4A requested that two public hearings be held - one on the east side of the state and one on the west side.

Response:

AASA has provided opportunities for comment on the draft, but is willing to hold three public hearings, (See Response to Comment from the Olympic Area Agency on Aging). One of these will be in an urban Western Washington area, one in a rural west side area, and one in Eastern Washington. If the hearings produce major changes that need to be made the State Plan would then be amended.

Comment:

2. W4A asks that the plan include a more detailed budget and based upon that budget may recommend how some resources could be shifted.

Response:

W4A is included, in other venues, in all budget discussions and has been given budget material on a regular basis. The State plan is not a binding budget document and AASA will continue to work with the Area Agencies to make them aware of the various budgets.

The present plan has the required level of budget detail, and should not be changed. In short, the plan is not the forum to discuss detail of expenditures.

Comment:

3. W4A believes that the plan includes too much of a Medicaid focus.

Response:

The goals and objectives come from the AASA strategic plan. Because the largest expenditure on services for elders is from Medicaid, the focus is not off-target. There are objectives that relate to specifically to the Aging Network. The planning process of W4A will add more network related objectives and is welcomed as input when the State Plan is amended. See comment number 6 below.

Comment:

4. W4A believes that the plan needs a process to address regional differences.

Response:

Regional differences are addressed through the Area Planning process. The State Plan is designed to assure the Federal government that the State has an area planning process and set the framework for the regional process. The State provides oversight and guidance so the Area Agencies are addressing the major known problems of seniors. Area Agencies are doing a good job of addressing the regional/local problems with the guidance provided without more specifics in the State Plan.

Comment:

5. W4A believes that the plan does not reflect a compilation of the AAA area plans.

Response:

The State Plan is required, in part, to be **based** on Area Plans, it is not intended to be a **compilation** of them. AASA's Strategic Plan does address the areas most frequently mentioned in Area Plans and therefore is consistent with Area Plans. See the Caregivers Plan in Exhibit 9, and Exhibit 8, Methods To Carry Out Service Preference.

Comment:

6. W4A is working on an "Elder Goals" planning process that will be completed after AASA submits its State Plan, and asks that the plan be adopted for a two year period so that this document can be included as part of the state submittal.

Response:

The state is required by AoA to update the state plan as the objectives that we have only cover the first two years of the plan. (See verification of Intent, page 3) The "Elder Goals" will, when ready, be an appropriate means of updating the plan.

The second comment received was from the Olympic Area Agency on Aging.

Comment:

Olympic Area Agency on Aging requests a hearing on the "New Funding Formula."

Response:

There is no **new** funding formula. This plan describes the current funding formula, which Olympic AAA believes under-funds their agency. AoA has approved the existing formula and AASA believes it conforms to legal requirements. AASA is willing to address formula questions raised in the public hearings that will be scheduled.

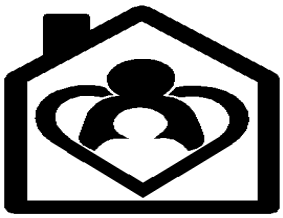
Exhibit 12—Civil Rights Program

Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES

IT IS THE POLICY OF THE
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
THAT NO PERSON SHALL BE SUBJECTED TO DISCRIMINATION IN SERVICE PROVISION BY THIS AGENCY OR ITS CONTRACTORS BECAUSE OF RACE, COLOR, CREED, NATIONAL ORIGIN, RELIGION, SEX, AGE, OR DISABILITY

AND

IT IS ALSO THE POLICY OF THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES THAT NO PERSON SHALL BE SUBJECTED TO DISCRIMINATION IN EMPLOYMENT BY THIS AGENCY OR ITS CONTRACTORS BECAUSE OF RACE, COLOR, CREED, NATIONAL ORIGIN, RELIGION, SEX, SEXUAL ORIENTATION, AGE (40+), MARITAL STATUS, DISABLED VETERAN STATUS, VIETNAM VETERAN STATUS, OR DISABILITY



DSHS NON-DISCRIMINATION POLICY

General information about the Department of Social and Health Services (DSHS) policy on non-discrimination, equal opportunity, and discrimination complaint procedures.

Describes the services available to persons who believe they have been discriminated against by DSHS

Policy

It is the policy of DSHS that persons shall not be discriminated against (in services) because of race, color, national origin, creed, religion, sex, age, or disability. It is also the policy of DSHS that persons shall not be discriminated against (in employment) because of race, color, national origin, creed, religion, sex, sexual orientation, age (40+), marital status, disabled veteran status, Vietnam Era veteran status, or disability. It is a violation of the DSHS Non-Discrimination Policy when inequitable practices, based on the aforementioned factors, occur in service delivery and/or employment. Some of these practices are listed as follows:

- Deny services or benefits
- Refuse to hire or promote
- Fail to provide appropriate interpreter services, including American Sign Language (ASL)
- Limit access to services because of inaccessible facilities
- Fail to make reasonable accommodations and reasonable modifications to allow full participation of persons with disabilities in all programs, activities and services
- Deny the opportunity to act as a consultant or volunteer or serve on advisory bodies, committees and boards

NON-DISCRIMINATION PLAN

The DSHS Non-Discrimination Plan reflects the department's official policy and commitment that there shall be opportunity, free from discrimination, for all persons. The plan applies to services and employment by DSHS and its contractors.

The Non-Discrimination Plan is consistent with Titles VI and VII of the Civil Rights Act of 1964 as amended in 1972; Executive Order 11246 as amended by Executive Order 11375; Sections 503 and 504 of the Rehabilitation Act of 1973 as amended; the Age Discrimination Acts of 1967 and 1975; the 1974 Vietnam Era Veteran Readjustment Assistance Act; Americans With Disabilities Act of 1990; Civil Rights Act of 1991; the Washington State Law Against Discrimination, RCW 49.60; and, State Executive Orders 89-01, 93-03 and

93-07. A copy of the DSHS' Non-Discrimination Plan is available at the Office for Equal Opportunity (OEO) or any DSHS Office.

Discrimination Complaints

If you believe DSHS has discriminated against you, complete the complaint form found at http://www.dshs.wa.gov/geninfo/daeopub.html or call Division of Access & Equal Opportunity at **1-800-521-8060** (voice) **1-800-521-8061** (TTY) and they will get you a form or help you get it to OEO. It must go to OEO within 180 days of the alleged discriminatory act(s). If you know of discrimination based on the previously mentioned factors, contact OEO. You may also file a complaint with the following agencies:

Washington State Human Rights Commission

U.S. Department of Health and Human Services, Office for Civil Rights

U.S. Equal Employment Opportunity Commission

U.S. Department of Agriculture, Food, and Nutrition Services (discrimination in administering the Food Stamp Program)

Filing a complaint with OEO may not preserve the time frame for filing a complaint with any of the external agencies listed previously. You must contact each agency to determine the specific time frame (usually 180 days) for filing complaints with them.

Retaliation

In accordance with the state and federal laws, any person who has filed a complaint or assisted the investigation of a complaint, shall not be intimidated, threatened, coerced, or discriminated against. Complaints of this nature must be filed within 180 days of the alleged retaliatory act(s).

Policy and Procedure Manual

CHAPTER 5 – NONDISCRIMINATION AND EQUAL ACCESS

Purpose:

This chapter contains policies and procedures for affirmative action in employment and nondiscrimination in programs, services, and employment. This chapter contains:

Section I - Statement of Policy
Section II - Non-discrimination Plan

The policies, procedures and non-discrimination plan found in this chapter are based upon the following:

1. Title VI and VII of the Civil Rights Act of 1964, as amended
2. Title VII of the Equal Employment Opportunity Act of 1972
3. Older Americans Act of 1965, as amended
4. 5 CFR Part 900.401 et sec, Civil right/Non-Discrimination in Federal Assistance Programs
5. Sections 503 and 504 of the Rehabilitation Act of 1973, as amended
6. Americans with Disabilities Act of 1990, as amended
7. Washington State Law Against Discrimination, Chapter RCW 49.60
8. Affirmative Action RCW 49.74
9. Age Discrimination Act of 1975, as amended
10. Age Discrimination in Employment Act of 1967, as amended
11. Civil Rights Act of 1991
12. 1974 Vietnam Era Veterans Act of 1991
13. Governor's Executive Order 96-04

Section I - Statement of Policy

It is the policy of Department of Social and Health Services (DSHS) that no person shall be subjected to discrimination by this agency, its contractors, or its sub-recipients because of race, color, national origin, sex, sexual orientation, age, religion, creed, marital status, disabled veteran status, Vietnam Era veteran status, or presence of any sensory, mental or physical disability, or use of a trained dog guide or service animal by a person with a disability.

For purposes of this policy, marital status, disabled veteran status, and Vietnam Era veteran status only apply to employment practices. All other criteria apply to both employment and service delivery.

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[1] Sexual orientation is a criteria mandated by Governor's Executive Order 96-04. This criteria covers only state government employment and does not apply to the employment practices of the Department's contractors unless provided for under local law.

[2]This policy does not apply to a religious corporation, association, educational institution, or society with respect to employment of individuals of a particular religion to perform work connected with the carrying on by such corporation, association, educational institution, or society or its activities.

Section II - Non-discrimination Plan

The agency's non-discrimination policy and provision contained herein apply to every aspect of the agency's programs, practices, policies, and activities, as well as to those of its vendors, grantees, subgrantees, licensees, certified providers, contractors, and subcontractors (hereafter known as contractors)

A. Required Policies

1. All Area Agencies on Aging and their subcontractors are required to have non-discrimination policies that:

- Prohibit discrimination in employment or services on the basis of:
  - Race
  - Color
  - Religion
  - Creed
  - National Origin
  - Age
  - Sex; and
  - Disability
- In addition, they shall prohibit discrimination in employment only on the basis of:
  - Marital Status
  - Disabled Veteran Status
  - Vietnam Era Veteran Status
- In addition, they shall prohibit discrimination in services on the basis of:
  - Sexual orientation (also applies to state government employment and where provided for under local law)

2. All Area Agencies on Aging and their subcontractors are also required to have policies that focus specifically on sexual harassment and HIV/AIDS. The policy on HIV/AIDS shall state the prohibition of discrimination on the basis of HIV/AIDS applies to:

- Persons diagnosed with HIV or AIDS;

- Persons regarded as having or at high risk for getting HIV/AIDS;
- Persons associated with either of the above (To be considered a person "associated with" one does not have to be related to or live with either of the above. Associated with includes persons who work or volunteer at places or organizations that are involved with HIV/AIDS in any capacity or who have friends or acquaintances in the above referenced groups.); and
- Cover both employment and services.

3. All non-discrimination policies are to be written, articulated, disseminated and enforced.

4. Various federal non-discrimination regulations cover employers with specific numbers of employees from 3 to 50 depending on what part of which regulation is being applied.

- The ADA, Title I applies to employers with 15 or more employees;
- Washington State Law Against Discrimination, Chapter RCW 49.60 covers all employers with 8 or more employees;
- a written discrimination complaint procedure is required by Federal Law for employers with 15 or more employees;
- All contractors (regardless of the number of employees) are required to post notification of policies including where and how to file complaints of discrimination;
- Written Affirmative Action Plans are required when the employer has 50 or more employees and $50,000 or more in federal funding.

B. Specific Discriminatory Practices Prohibited, but not limited to:

1. AAAs and their subcontractors may not, under any program, directly or through contractual or other arrangements:

a. Discriminate against any person in the recruitment, hiring, training, compensation, benefits, promotion, transfer, termination, lay-off, or any other terms or conditions of employment;

b. Harass or make any comments, display or distribute any materials that are derogatory;

c. Deny a person any services, financial aid, or other program benefits;

"Service, financial aid, or other benefit under state or federally assisted programs includes any education or training, any evaluation, guidance, counseling, or placement service, any health, welfare, rehabilitation, housing or recreational service, any referral of individuals for any of the foregoing services, any consultative, technical, or information services, and any scholarship, fellowship, or traineeship stipend or allowance, any loan, or other financial assistance or benefit (whether in case or in kind), which is made available (1) with the aid of state or federal financial assistance; or (2) with the aid of nonfederal funds required to be made available for the program as a condition to the receipt of federal financial assistance; or (3) in or through a facility provided with the aid of federal financial

assistance or the funds referred to in (2) above."

d. Provide access which does not afford equal participation or benefit to that provided to others;

   Provide different or separate aid, benefit or services to a person or a class of persons unless such action is necessary to provide equally effective aid, benefit or services;

e. Aid or perpetuate discrimination against a person by providing assistance to any agency, organization, or person which discriminates;

f. Deny a person the opportunity to participate as a member of planning or advisory boards, or as a volunteer, consultant, or conferee;

g. Determine and select the site or location of facilities, programs or activities that will have the effect of excluding or denying persons from benefits or subject persons to discrimination.

h. Utilize criteria or methods that have the effect of subjecting persons to discrimination, or have the effect of defeating or impairing the accomplishments or objectives of the non-discrimination policies.

Section 504 of the Rehabilitation Act and the ADA require that agencies operate each program, service, or activity so that when viewed in its entirety, the program, service, or activity is readily accessible to and usable by persons with disabilities. One way to help guarantee that a program, service or activity is accessible, is to make sure that it is offered in an accessible building or facility.

C. Methods of Administration

Below are specific procedures to provide a framework to follow in taking concrete measures to ensure nondiscrimination in all programs and activities.

1. Dissemination of Information and Training for Staff

AAAs and their subcontractors will each inform and instruct their own staff concerning their obligations under the Civil Rights Laws, the AASA Nondiscrimination Plan and the complaint procedure. Each agency shall also ensure that members of its staff, who have contact with program beneficiaries, are informed of the ethnic, cultural and language differences as well as the physical, mental, sensory and emotional disabilities that may impact the way in which services are to be effectively provided. Compliance with this part will include, but not be limited to:

a. Making copies of the Nondiscrimination Plan available to the entire staff; and

b. Providing, as part of a new employee's orientation training, information regarding the obligation, intent, and meaning of the Civil Rights Laws, the Nondiscrimination Plan, and the complaint procedures.

2. Compliance by Contractors

AASA recognizes its obligation for compliance extends to its contracting agencies and subcontractors, and assures that such participants in its programs comply with the AASA Nondiscrimination Plan. This will be accomplished by, but not limited to:

a. Providing contracting agencies (who shall, in turn, provide their subcontractors) with a clearly written explanation of their responsibilities under AASA's Nondiscrimination Plan;

b. Requiring contracting agencies and subcontractors to provide written assurance they will comply with the AASA Nondiscrimination Plan.

c. Recognizing that assurances of compliance serve primarily as notice to participants of the program that they must comply with the Nondiscrimination Plan, and do not automatically indicate actual compliance;

d. Conducting compliance reviews;

e. Requiring contractors and subcontractors found to be not in compliance to take corrective action to meet compliance.

3. Dissemination of Information to Beneficiaries and the General Public

AASA, its contracting agencies and subcontractors shall notify their participants, beneficiaries, potential beneficiaries, applicants and employees of the existence of available programs and services, and of the fact that services, financial aid, and other benefits are provided on a non-discriminatory basis as required under the Nondiscrimination Plan. Further, such persons shall be notified of their right to file a complaint if they believe they have been discriminated against. This may be accomplished by, but not limited to:

a. Providing information to applicants, recipients and potential recipients regarding non-discrimination policies, their rights to file a discrimination complaint, the timelines for filing, where and how to file, and protection against retaliation.

b. Including a non-discrimination statement on all printed material used to publicize the program;

c. Including a non-discrimination statement on recruitment materials and application forms;

d. Displaying the multilingual notice of right to interpreter services at no cost to the client;

e. Notifying that materials are available in alternative format (Braille, large print and/or audio cassette) in a reasonable time upon request;

f. Notifying customary referral sources that services are provided in nondiscriminatory manner.

4. Communicating with Persons with Limited English Proficiency or Sensory Impairments

All AAAs and their contractors, as applicable shall:

1. Establish and implement written procedures for effective communication with persons who have sensory impairments or who are limited-English speaking, (are of limited-English proficiency) including the provision of spoken language and/or sign language interpretation and other communication-facilitating auxiliary aids, in the provision of services to clients and at meetings of planning advisory, and policy boards. These policies are to be developed in consultation with members of these groups or with individuals representing these groups;

2. Inform public contact staff and board members of such procedures;
3. Comply with Limited English Proficient Persons policies outlined in Chapter 15 of the Long Term Care Manual.

All agencies even with fewer than 15 must follow this section. Where subcontractors of AAAs have less than 15 employees, AAAs may assist their subcontractors in providing auxiliary aids by pooling subcontractor resources, sharing arrangements, or other methods to mitigate costs for smaller contractors.

4. Complaint Policy and Procedure:

A. Policy

Any person who believes he/she, or any specific class of persons, is subjected to discrimination may, or by a representative, file a written complaint. The time period for filing a compliant is no more than 180 days from the date of the alleged discrimination act(s). No person who has filed a complaint, testified, assisted, or participated in any manner in the investigation of any complaint, shall be intimidated, threatened, coerced, or discriminated against.

B. Where to File a Complaint

In accordance with state and federal laws, clients or employees of an Area Agency on Aging who believe they have been discriminated against under any of the above mentioned laws may file a complaint of discrimination with the Area Agency on Aging and/or DSHS, Aging and Adult Services Administration:

- Each Area Agency on Aging has an internal complaint resolution/grievance procedure that outlines how clients and employees can have complaints addressed by the agency. The informal internal process may not stop the countdown on the 180 days in which a complaint is to be filed with external agencies. The client or employee with a complaint is to check with individual external agencies as the timeframes in which complaints can be filed may vary from agency to agency.
- DSHS, Aging and Adult Services Administration by mail at P.O. Box 45600, Olympia WA 98504-5600 or by telephone at 1-800- 422-3263

In addition to filing a complaint internally with the Area Agency on Aging and/or DSHS, clients and employees who have a complaint of discrimination may also contact the following agencies:

- Department of Social & Health Services, Office of Equal Opportunity at 1-800-521-8060 or TDD at 1-800-521-8061
- Equal Employment Opportunity Commission field office by calling toll free (800) 669-4000. For individuals with hearing impairments, EEOC's toll free TDD number is (800) 800-3302.
- Washington State Human Rights Commission toll-free to Olympia at 1-800-233-3247; toll-free to Eastern Washington 180—662-2755
- U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019; TDD is 1-800-537-7697

- U.S. Department of Labor at (206) 553-7182
- U.S. Department of Justice at 1-800-514-0301

If a complaint is filed against a AAA or one of its subcontractors, it is the responsibility of the AAA to inform AASA of the complaint. Notification is to be through the AAAs State Unit on Aging assigned liaison.

5. Recruitment and Employment Practices

AASA, AAAs and subcontractors shall establish measures to assure that recruitment and employment practices do not discriminate on the basis of race, color, creed, national origin, religion, sex, age or the presence of sensory, mental or physical disability or use of a trained dog guide or service animal by a person with a disability. This will be accomplished by, but not limited to:

a. Compliance with the Affirmative Action Plan with regard to employment and personnel matters. Initiative 200 does not apply to programs that receive federal funding;

b. Employment of persons who are adequately trained and skilled to communicate and effectively assist clients which would include:

i. The employment, in all service delivery positions, of representative number of appropriate bilingual and/or bicultural staff to meet the needs of the potential clientele of a particular national origin or race;

ii. The employment, in all service delivery positions, of representative number of appropriate persons with disabilities to meet the unique needs of clients who are persons with disabilities;

iii. The employment, in all service delivery positions, of representative number of appropriate individuals aged 60 or older to meet the needs of older clients

c. Assuring that educational and training opportunities are provided in a nondiscriminatory manner;

d. Monitoring contractors and subcontractors for nondiscrimination in employment and recruitment practices.

If a substantial number of the older individuals residing in a planning and service area are of limited English proficiency, the Area Agency on Aging shall designate an individual employed by the AAA, or available to the AAA on a full-time basis, whose responsibilities will include: taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English proficiency in order to assist such older individuals in participating in programs and receiving assistance under the Older Americans Act; and providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

6. Planning, Advisory and Policy Boards

AASA, AAAs and subcontractors are to assure that protected group members will participate as volunteers and as members of planning, advisory, and policy boards that are integral parts of their programs.

7. Section 504 and ADA Coordinators

Both Section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990 require that coordinators be appointed. Coordinators are responsible for overseeing the compliance with the laws prohibiting discrimination against people with disabilities. Compliance areas they should oversee are:

- Administrative review of policies;
- Hiring practices and procedures;
- Job description and qualifications;
- Physical and program accessibility issues such as communication barriers; and
- Self-Evaluation and Transition Plan process.

If the organizational unit is not large enough to have a Section 504 Coordinator (15 or more employees) or an ADA Coordinator (50 or more employees), the Administrator is responsible.

As the requirements of Section 504 and ADA are very similar, it is recommended that the same person be responsible for both. DSHS is required to meet the compliance requirements in all its programs and activities. As part of the Methods of Compliance, DSHS requires all programs and contractors to complete Self-Evaluations and prepare Transition Plans.

Self-Evaluations and Transition Plans must be available for review by DSHS. AAAs are to periodically review and update them when organizational and/or facility changes or alterations are made.

Section 504 specifically requires that the evaluation be done with the assistance of people with disabilities. The ADA advises that people with disabilities are consulted. DSHS requires consultation and assistance from people with disabilities. As most of the physical and communications barriers have to do with impairment of mobility, sight, hearing and speech, representatives from these groups are recommended.

8. Data Collection

AAAs and their subcontractors are required to collect and maintain civil rights information on programs, staff and advisory council to show the extent to which "protected group" persons are participating. Protected groups for which data collection is required are:

a. Blacks/African Americans
b. Hispanics/ Mexicans, Cubans, Latin Americans
c. Native Americans
d. Asian and Pacific Islanders
e. People with Disabilities
f. Sex

g. Age (40 and over)

h. Disabled Veterans

i. Vietnam Era Veterans

Data collection is required for primary language/English speaking proficiency of clients and bilingual ability of employees.

Statistical information of the above "protected groups" shall include:

a. Potential participation in programs (to be filed at AAA level);

b. Actual participation in programs (to be retained at service provider level)*;

c. Staffing pattern or utilization (AASA, AAA's and subcontractors will retain information regarding their own staff);*

d. Membership on Advisory Councils (AASA, AAA's and subcontractors will retain information regarding their own advisory councils)*;

e. Number and nature of discriminatory complaints filed (copies of all complaints are to be forwarded to AASA);

f. Number of limited or non-English speaking clients (or who are of limited-English proficiency) (to be retained at subcontractor level) *;

g. Number of staff skilled in bilingual and sign language communication (AASA, AAA's and subcontractors will retain information regarding their own staff)*.

AASA, AAA's and subcontractors shall make available to the Office for Civil Rights, HHS, all data and information necessary to determine compliance with civil rights laws and this Nondiscrimination Plan.

*AAAs may require this information to be sent to them by their subcontractors.

Several methods of data collection can be used. When requested it shall be clear to the client, employee or applicant that:

- The information is for the purpose of civil rights requirements;
- The furnishing of the information is entirely voluntary;
- The refusal to furnish the data shall not have adverse effects;
- There may be some situations where such information **must be obtained to comply with eligibility criteria** for a particular program. When this occurs it shall be fully explained to the applicant that it is part of the eligibility criteria;

When requesting information for data collection it shall be explained to the applicant, client or employee that:

- Data obtained through benefits or employment applications shall be collected on separate or detachable portion of the application. This data and any computerized form of the data shall be kept separate from personnel and case files; and
- Data shall be available only on a need to know basis (affirmative action personnel,

discrimination complaint investigators, etc). and distributed only in the aggregate for other uses.

9. Monitoring Service Delivery

AASA, AAAs and subcontractors shall have procedures for monitoring all aspects of their operations to assure no policy or practice is, or has the effect of, discriminating against beneficiaries or other participants on the grounds of race, color, creed, national origin, religion, sex, age, presence of any sensory, mental or physical disability or use of a trained dog guide or service animal by a person with a disability. The monitoring procedures shall include, but not be limited to, such areas as:

a. Location of offices and facilities and compliance with physical access requirements of the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act;

b. Manner of assignments of applicants/clients to staff;

c. Dissemination of program information;

d. Criteria for acceptance into the agency's programs

e. Referral of clients to other agencies and facilities;

f. Referral sources;

g. Tests, if applicable;

h. Utilization of minority, women and contractors with disabilities;

i. Use of volunteers, consultants, etc.;

j. Provision of services;

k. Records;

l. Number of individuals with disabilities, members of racial/ethnic groups and persons over age 60 serving on planning, advisory, policy boards and direct service staff;

m. Program and physical accessibility to persons with disabilities

n. Accommodations and human and auxiliary aides for persons with impaired sensory, mental or speaking skills;

o. Obtaining signed methods of assurance of compliance with nondiscrimination requirements;

p. Written assurances of compliance with Title VI, and with Section 504 of the Rehabilitation Act, and the Age Discrimination Act;

q. Display of nondiscrimination poster (including notification of discrimination complaint procedure) in prominent locations;

r. Statistical information by race/national origin, language, and disabling condition, including:

- Potential participation in programs based on demographics of the

planning and service area;

- Actual participation in programs;
- Staffing pattern or utilization;
- Membership in advisory councils, planning and policy boards;
- Number and nature of discrimination complaints filed;
- Number of limited or non-English speaking clients (Who are of limited-English proficiency);
- Number of staff skilled in bilingual and sign language communication;

10. Program Accessibility

AASA, its AAA's, and subcontractors shall assure that no person with a disability shall be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination under any of their programs because the facilities are inaccessible to, or unusable by persons with disabilities. (Refer to Section 504 of the Rehabilitation Act and Title II of The Americans with Disabilities Act.)

11. Corrective Requirements

AASA shall take corrective action to overcome the effects of discrimination in instances where the AASA, AAA's or subcontractors have discriminated against persons on the ground of race, color, creed, national origin, religion, sex, age, presence of any sensory, mental or physical disability or use of a trained dog guide or service animal by a person with a disability. In the absence of such discrimination, AASA may take affirmative action to overcome the effect of conditions which resulted in limiting participation.

12. Noncompliance

Any contractor or subcontractor which refuses to furnish assurances of nondiscrimination or fails to comply with state or federal laws as outlined in the policy herein must be refused federal or state financial assistance. Such action, however, will be taken after an opportunity for a review before the appropriate officials and after a reasonable amount of time has been provided to comply with the policy. All incidences of noncompliance will be forwarded to the appropriate state and federal agencies, in a timely manner.

Section III Affirmative Action Plans

A. Who is required to have an Affirmative Action Plan?

AAAs and their contractors who meet the following criteria are required to have a written Affirmative Action Plan:

1. Those contractors with 50 or more employees; and

2. $50,000 annually in state and/or federal funds (includes services, equipment use, space use, etc).

B. Affirmative Action Plan Guidelines

Affirmative Action Plans are to include the following:

I. Development or Affirmation of the Policy

II. Statement of Responsibilities

III. System for Internal and External Dissemination of the Policy Statement

IV. Numerical Review and Analysis

V. Job Description

VI. Identification of Problem Areas

VII. Numerical Goals and Timetables

VIII. Internal Evaluation, Audit and Monitoring System

IX. Complaint Procedure

X. Supportive Systems